12/15

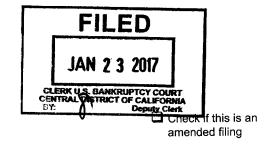
Debtor 1 Sandra Guadalupe Serna

First Name Middle Name Last Name

Debtor 2 (Spouse, if filling) First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number 2:17-bk-10266



Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pa	ırt 1:	Summarize Your Assets	
			Your assets Value of what you own
1.	Schedi	ale A/B: Property (Official Form 106A/B)	s 0-00
	1a. Co	by line 55, Total real estate, from Schedule A/B	
The same of the sa	1b. Co	py line 62, Total personal property, from Schedule A/B	\$ 0-00 \$ 10, 368.85
	1c. Co	by line 63, Total of all property on <i>Schedule A/B</i>	s 10, 368.85
Pa	art 2:	Summarize Your Liabilities	
The state of the s			Your liabilities Amount you owe
2.	Sched 2a. Co	ule D: Creditors Who Have Claims Secured by Property (Official Form 106D) py the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ 1B, 855.00 \$ 0.00
3.	Sched 3a. Co	ule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) py the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	
- value Anni Talendon man construir properties		py the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 39,30847
The second section is a second section of the section		Your total liabilities	+ \$ 39,30847 \$ 58,163.49
P	art 3:	Summarize Your Income and Expenses	
4.	Sched	ule I: Your Income (Official Form 106I)	. 2,559.6t
And and	Сору	your combined monthly income from line 12 of Schedule I	Φ
5.	Sched	lule J: Your Expenses (Official Form 106J)	s 2,559.60 s 2,371.74
About the second	Copy	your monthly expenses from line 22c of Schedule J	<u> </u>

Case 2:17-bk-10266-ER Doc 11 Filed 01/23/17 Entered 01/24/17 12:08:48 Page 2 of 67 Main Document

Serna

Sandra

Guadalupe

Case number (if known) 2:17-bk-10266

Debtor 1 First Name Middle Name **Answer These Questions for Administrative and Statistical Records** Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? ✓ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 0.00 9a. Domestic support obligations (Copy line 6a.) 0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 11,308.00 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as 0.00 priority claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) 11,308.6 9g. Total. Add lines 9a through 9f.

Fill in this information to identify your case and this filing:					
Debtor 1	Sandra	Guadalupe	Serna		
Deptor i	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
	Bankruptcy Court for 217-bit -	the: (FNRA District o	F <u>CALIFD</u> ENIA		

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Part 1: 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? ☐ Land ☐ Investment property Describe the nature of your ownership □ Timeshare City State ZIP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the portion you own? entire property? Manufactured or mobile home ☐ Land ☐ Investment property Describe the nature of your ownership Timeshare City State ZIP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:

Case 2:17-bk-10266-ER Doc 11 Filed 01/23/17 Entered 01/24/17 12:08:48 Page 4 of 67 Main Document 2:17-6K-10266 Sandra Guadalupe Serna Debtor 1 What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: ☐ Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Current value of the Current value of the Condominium or cooperative portion you own? entire property? Manufactured or mobile home ☐ Land Investment property Describe the nature of your ownership City ZIP Code ☐ Timeshare State interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No ☐ Yes Who has an interest in the property? Check one. 3.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the ☐ Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) If you own or have more than one, describe here: s an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.

2.	Make:	 Who has
	Model:	 Debto
	Year:	☐ Debto
	Approximate mileage:	 ☐ At lea
	Other information:	
		☐ Chec
	THE CONTRACT OF THE CONTRACT O	instru

or 1 only

or 2 only or 1 and Debtor 2 only

ast one of the debtors and another

ck if this is community property (see uctions)

the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

Current value of the portion you own?

2:17-bk-10266 Guadalupe Serna Sandra Debtor 1 First Name Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.3. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only portion you own? entire property? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.4. Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only portion you own? entire property? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories **2** No ☐ Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 4.1. Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Current value of the Current value of the Year: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another ☐ Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

Main Document

Debtor 1

Sandra First Name

Guadalupe

Serna

Page 6 of 67

Case number (if known)_

Pá	art 3: Describe You	r Personal and Household Items		
Do	you own or have any le	egal or equitable interest in any of the following items?	portion y	uct secured claims
6	Household goods and	furnishings		
Ο.	•	ces, furniture, linens, china, kitchenware		
	□ No	oss, farmaro, micro, orma, moromaro		
	Yes. Describe	Furnitures	\$	300.00
7.	Electronics	30000 C.		
	collections; e	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music lectronic devices including cell phones, cameras, media players, games		
	☐ No			222.22
	Yes. Describe	Cellphone	\$	200.00
8.	Collectibles of value	The second secon		
	Examples: Antiques and stamp, coin,	figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles		
	Yes. Describe		\$	
9.	Equipment for sports a		0.00	
	Examples: Sports, photo and kayaks;	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments		
	No No Danadha		1.	
	☐ Yes. Describe		\$	
10	. Firearms			
	Examples: Pistols, rifles,	shotguns, ammunition, and related equipment	rapino.	
	Yes. Describe		\$	
11	. Clothes)	
		hes, furs, leather coats, designer wear, shoes, accessories		
	☐ No			
	Yes. Describe	Clothes	\$	100.00
12	. Jewelry Examples: Everyday jew gold, silver No	relry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		
	Yes. Describe		\$	100.00
13	. Non-farm animals			
	Examples: Dogs, cats, b	irds, horses		
	No		7 .	
	Yes. Describe		\$	
14	•	I household items you did not already list, is cluding any health aids you did not list		
	No Cive enceific			
	Yes. Give specific information		\$	
15		all of your entries from Part 3, including any entries for pages you have attached		700.00

for Part 3. Write that number here

Debtor 1

Sandra

Guadalupe

First Name

Middle Name

Serna

Case number (if known)_

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ✓ No Name of entity: % of ownership: ☐ Yes. Give specific	Part 4:	Describe You	r Financial Assets					
Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No	Do you o	own or have any l	egal or equitable interest in	any of the following?			portion y Do not de	you own? duct secured claims
Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No								
To Deposits of money Exemples: Checking, savings, or other financial accounts: certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No		ples: Money you h	ave in your wallet, in your hor	me, in a safe deposit box	c, and on hand when yo	ou file your petition		
17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No	☐ N	o						
Examples: Checking, savings, or other financial accounts; cartificates of deposit; shares in credit utions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking account: 17.2. Checking account; 17.3. Savings account; 17.4. Savings account; 17.4. Savings account; 17.5. Certificates of deposit: 17.6. Other financial account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial	Z Y	es				Cash:	\$	20.00
Institution name: 17.1. Checking account: WELLS FARED	17. Depo s Exam	ples: Checking, sa	avings, or other financial accor nilar institutions. If you have n	unts; certificates of depo nultiple accounts with the	isit; shares in credit uni e same institution, list ε	ions, brokerage houses, each.		
17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial accoun	□ N	0						
17.2 Checking accounts. Act of FINANC (A) PARTNERS CREDIT UN * 36% \$ 35.85 17.4 Savings account: WELLS FARGO * 7119 \$ 5.00 17.5 Certificates of deposit: 17.6 Other financial account: 17.7 Other financial account: 17.8 Other financial account: 17.8 Other financial account: 17.9 Other financial account: 1	2 Ye	es		Institution name:				
17.3. Savings accounts. Live of FINANC (AL PARTNERS CREDIT UN * 3656 \$ 35.85 17.4. Savings accounts. WELLS FANGO * 119 \$ 5.00 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts 18. No 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture 19. No No Name of entity: Yes, Give specific information about them			17.1. Checking account:	WELLS FARG	0 ** 9763		\$	250.00
17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.9.			17.2. Checking account:	J			\$	
17.5. Certificates of deposit: 17.6. Other financial account: 17.8. Other financial account: 17.9. Other financial account:			17.3. Savings account			1017 UN * 3656	> \$	35.85
17.6. Other financial account: 17.7. Other financial account: Sylings Union Yes Federal Credit Union 1740s 25 00			17.4. Savings account:	WELLS FAR	60 4 9110	7	\$	5.00
17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: \$ 17.9. Other financial account: \$ 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No			17.5. Certificates of deposit:		\ + a	O Dill W.	\$	
17.8 Other financial account: 17.9 Other financial account: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			17.6. Other financial account:	Javings Union	1 Yes tederal	Credit Union 17	$\mathcal{D}_{\$__}$	25.00
17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture 19. No Name of entity: 19. Yes. Give specific 10. Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture 19. No Name of entity: 19. Yes. Give specific 19. Yes. Give spec			17.7. Other financial account:				\$	
18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ✓ No □ Yes			17.8. Other financial account:				\$	
Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Yes			17.9. Other financial account:				\$,
Yes	Exam	ples: Bond funds,		kerage firms, money mai	rket accounts			
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	_		institution or issuer name:					
\$							•	
19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ✓ No Name of entity: % of ownership: ☐ Yes. Give specific								
19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ✓ No Name of entity: % of ownership: ☐ Yes. Give specific			- Marco					
an LLC, partnership, and joint venture ✓ No Name of entity: % of ownership: ☐ Yes. Give specific% \$							Φ	
an LLC, partnership, and joint venture ✓ No Name of entity: % of ownership: ☐ Yes. Give specific% \$								
Yes. Give specific				orated and unincorpora	ated businesses, incl	uding an interest in		
Yes. Give specific			_			% of ownership:		
them % \$			•			%	\$	
						21		
	u	•						
							·	

Main Document Page 8 of 67 2:17-6t-10266

Case number (if known)

Serna

Guadalupe

Middle Name

Negotiable instruments i	include personal che	ner negotiable and non-negotiable instruments cks, cashiers' checks, promissory notes, and money orders.	
Non-negotiable instrume	ents are those you ca	innot transfer to someone by signing or delivering them.	
☑ No			
Yes. Give specific	Issuer name:		
information about them			\$
u iem			\$
			\$
			· · · · · · · · · · · · · · · · · · ·
Retirement or pension		01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
	rva, Errioza, Reogii, -	or(k), 400(b), tilling decoration, or other periods of president and periods	
☑ No			
Yes. List each account separately.	Type of account:	Institution name:	
	401(k) or similar plan		\$
			\$
	Pension plan:		
	IRA:		\$
	Retirement account:		\$
	Keogh:		\$
	Additional account:		\$
		·	\$
Your share of all unused Examples: Agreements companies, or others	prepayments		\$
Your share of all unused Examples: Agreements	prepayments	made so that you may continue service or use from a company	\$
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have with landlords, prepa	made so that you may continue service or use from a company	\$
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have with landlords, prepa	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications	\$\$
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have with landlords, prepa	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications astitution name or individual:	\$\$ \$\$
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have with landlords, prepa	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications astitution name or individual:	\$
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have with landlords, prepared li Electric: Gas: Heating oil:	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications astitution name or individual:	\$ \$
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have with landlords, prepa li Electric: Gas: Heating oil: Security deposit on re	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications astitution name or individual:	\$\$ \$\$
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have with landlords, prepa li Electric: Gas: Heating oil: Security deposit on re Prepaid rent:	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications astitution name or individual:	\$\$ \$\$ \$\$
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have with landlords, prepair Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone:	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications astitution name or individual:	\$\$ \$\$ \$\$
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have with landlords, prepa li Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water:	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications astitution name or individual:	\$\$ \$\$ \$\$ \$\$
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have with landlords, prepair Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone:	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications astitution name or individual:	\$\$ \$\$ \$\$
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have with landlords, prepa li Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water:	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications astitution name or individual:	\$\$ \$\$ \$\$ \$\$
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you have with landlords, prepair Electric: Gas: Heating oil: Security deposit on receive the propair rent: Telephone: Water: Rented furniture: Other:	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications institution name or individual:	\$\$ \$\$ \$\$ \$\$
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you have with landlords, prepair Electric: Gas: Heating oil: Security deposit on receive the propair rent: Telephone: Water: Rented furniture: Other:	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications astitution name or individual:	\$\$ \$\$ \$\$ \$\$
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you have with landlords, prepair Electric: Gas: Heating oil: Security deposit on receive the propair rent: Telephone: Water: Rented furniture: Other:	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications institution name or individual:	\$\$ \$\$ \$\$ \$\$
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you have with landlords, prepair Electric: Gas: Heating oil: Security deposit on receive the propair rent: Telephone: Water: Rented furniture: Other:	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications institution name or individual: ental unit: t of money to you, either for life or for a number of years)	\$\$ \$\$ \$\$ \$\$
Examples: Agreements companies, or others No Yes	prepayments d deposits you have with landlords, prepaid the security deposit on recognition of the security deposit of the security deposit on recognition of the security deposit of the security	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications institution name or individual: ental unit: t of money to you, either for life or for a number of years)	\$\$ \$\$ \$\$ \$\$

Sandra

First Name

Debtor 1

Case 2:17-bk-10266-ER Doc 11 Filed 01/23/17 Entered 01/24/17 12:08:48 Desc Main Document Page 9 of 67

Debtor 1	Sandra	Guadalupe	Serna	Case number (if known)	
	First Name Middle f	Name Last Name			
Intercet	to in an advention IPA	in an account in a gus	alified ARI F program (or under a qualified state tuition program.	
4. interest 26 U.S.(C. §§ 530(b)(1), 529A(b), and 529(b)(1).	amed ABLL program,	i unuel a qualifica state tattion program.	
🗹 No					
Yes		Institution name and de	scription. Separately file	the records of any interests.11 U.S.C. § 521(c):
					\$
					\$
					Ф
					Φ
5. Trusts, exercis	equitable or future in sable for your benefit	terests in property (oth	er than anything listed	in line 1), and rights or powers	
☑ No			was to approximate the contract of the contrac		
	s. Give specific	and the second s	AND A THE RESIDENCE AND ADDRESS OF ANY AND ADDRESS OF A STATE OF A	A A A S W / Famous and A A A S W / Famous and A A A B A B A B A B A B A B A B A B A	
info	rmation about them		overale significant regions of the r		\$
e Dotonte	s convrighte tradema	arks, trade secrets, and	other intellectual prop	ertv	
Example	les: Internet domain na	mes, websites, proceeds	from royalties and licens	sing agreements	
☑ No					
	s. Give specific	onalizado de de POTESTA NEVEZ el appeir o o procumento antes de la companya de la procure como el desta de Adria Maria Referencia de Adria Maria Ref	ommunication was that the complete that the complete is a second of the complete in the comple		www.
	rmation about them				\$
		A THE CONTRACT OF THE PROPERTY	With the second		tent .
		ther general intangibles		s, liquor licenses, professional licenses	
☑ No	co. Building permite, of	, , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • •		
_	Chia angolfia	Mark Commence of the Commence			BANA MARINA
	s. Give specific ormation about them				\$
		AND SERVICE OF CO. Miles Co. March 1982 (Area, Addition 1997)	errorman a servicio del accioni () y 2.5.55 del 2004 (2015 de 1970 (2015		
loney or	property owed to you	1?			Current value of the
					portion you own? Do not deduct secured
					claims or exemptions.
8. Tax refu	unds owed to you				
☑ No					
	s. Give specific informa	tion	engage proposed an amando 1000 feb er (17) 1000 feb er (17) 1000 feber (17)	Federal:	\$
	about them, including	y whether		State:	\$
	you already filed the and the tax years				¢
	,			Local:	Φ
9. Family	support	sum alimony spousal sur	port child support main	tenance, divorce settlement, property settleme	ent
•	nes. I ast due of lump s	ann amnony, opouour oup	Part anna askkard man		
☑ No	s. Give specific informa	ution	ONNERS TO STATE OF THE STATE OF		
☐ Yes	s. Give specific informa	NO(1		Alimony:	\$
		a () MONEY () MANAGE		Maintenance:	\$
		Mallery Vision on		Support:	\$
		a a pr. / coccode/accesses		Divorce settlement:	\$
		Commission of the Commission o		Property settlement:	\$
0. Other a Examp	amounts someone ov bles: Unpaid wages, dis Social Security be	ves you sability insurance paymen nefits; unpaid loans you r	ts, disability benefits, sic nade to someone else	k pay, vacation pay, workers' compensation,	
🗹 No		go i gongae is a construirente	representative of the section of the	THE RESIDENCE AND AN ADMINISTRATIVE CONTRACTOR OF THE PROPERTY	**************************************
🔲 Yes	s. Give specific informa	ation			
					*

Debtor 1	Sandra	Guadalupe	Serna	Case number (if known)	
	First Name Mid	ddle Name Last Name			
24 mi m====	e in incurer1	icios			
	s in insurance pol es: Health, disability		savings account (HSA):	credit, homeowner's, or renter's insurance	e
□ No	, , , , , , , , , , , , , , , , , , ,	,	(-
	Name the insurant of each policy and	ce company Company	name:	Beneficiary:	Surrender or refund value:
	, ,				\$
					\$
					•
					Ψ
If you ar property		hat is due you from som a living trust, expect prod has died.		ce policy, or are currently entitled to receiv	ve
☑ No					
☐ Yes.	. Give specific inforr	mation			S
		E E E Fabrumous medicarca subdiana carbibatit	to 10 feet of the 10 feet for an an extension of the contraction of th		
Example	-	es, whether or not you be oyment disputes, insuran		made a demand for payment e	
No		ganismis sinas kanton sa mana kanton mana sinas mana sa mana s			
Yes.	Describe each clai	m			\$
		dig waterman and a results. And printing poor external and	and the second s	 массиональной становый становый подот ручнений по трановый по трановы 	a
to set o	ontingent and unli ff claims	quidated claims of ever	y nature, including cou	unterclaims of the debtor and rights	
☑ No		Andreas and the second of the	overskeren overskeren er der tyren repris 5 filmmår. 19,1 millioner er det den der der		
☐ Yes.	. Describe each clai	1			\$
☑ No	ancial assets you o	did not already list			
	. Givo oposino imo	all in the management of the control	WAARRAWAMAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	The state of the s	S
36. Add the	dollar value of all	of your entries from Pa	ert 4, including any ent	ries for pages you have attached	s 335.85
	The state of the s				
Part 5:	Describe Any	Business-Related	Property You Ow	n or Have an Interest In. List a	any real estate in Part 1.
37 Do you	own or have any le	egal or equitable interes	at in any business-rela	ted property?	
=	Go to Part 6.	ogui oi oquitable illere		p. opersy	
	Go to line 38.				
— 163.	. 00 to line 50.				Coursent value of the
					Current value of the portion you own?
					Do not deduct secured claims
					or exemptions.
38. Accoun	ts receivable or co	ommissions you already	earned		
☐ No					
_	. Describe	en y wa nje i sy jeu nimerovinom more mje i zamokamokokoko sveni i si i i i i i i i i i i i i i i i i	e i til i lynyr allal - i ga i - mela i salad av hall i medali i me		Medica Annother (V = Miller)
					\$
39 Office o	auinment furnieh	ings, and supplies	engagia articonolità dell'attendia della constituti della constituti della constituti della constituti della c	The state of the s	Administration of Afficience of William Interest Transport of the Control of the
			printers, copiers, fax machi	nes, rugs, telephones, desks, chairs, electronic	devices
☐ No			•		
	. Describe	annen variante de la companio de la	WORKSTON	BERNALD MILE AND ALL A	· · · · · · · · · · · · · · · · · · ·
50.		Name and the state of the state	er fri plikan i versione kanna anna anna anna anna anna anna a		Ψ

Debtor 1	Sandra		Guadalupe	Serna	Case number (if known)		
	First Name	Middle Name	Last Name				
40. Machin	ery, fixtures, e	quipment, s	supplies you use in	business, and tool	s of your trade		
☐ No					Library Company		
☐ Yes	. Describe		TA We see the globals . By a least a communities	CONTRACTOR OF THE CONTRACTOR AND	The second secon	WITH ADDITIONAL PROPERTY.	\$
	Supplied of the Control of the Contr		**************************************	The second state of the second			
41. Invento	ory						
	. Describe			A CARLOS CONTROL OF THE STATE O			·
 103	s. Describe			er-many overhood i valler and en obstacle hat it the last one Mod his value of Manager (Manager)			
	ts in partnersh	ips or joint	ventures				
☐ No							
☐ Yes	. Describe	Name of er	tity:		% of ownersh	nip:	
					%		\$
					%		\$
					%		\$
	ner lists, mailin	g lists, or o	ther compilations				
□ No					5 1: 441100000000000000000000000000000000		
□ Yes	-	include pe	rsonally identifiable	information (as de	fined in 11 U.S.C. § 101(41A))?		
	□ No		***************************************	enne soudenmedenden i kan i i indiskt ift stronger	THE PROPERTY AND ADMINISTRATION OF THE PROPERTY OF THE PROPERT		
	Yes. Desc	ribe					\$
44. Any bu	siness-related	property ye	ou did not already li	st			
☐ No							
	. Give specific					_	\$
into	rmation						\$
						•	
							\$
							\$
							\$
							\$
					tries for pages you have attached	. →	\$
IOI Fai	t 5. Write that i	iumber ner	G				
Part 6:	Describe A	n y Farm- a have an in	and Commercial I terest in farmland,	F ishing-Related I list it in Part 1.	Property You Own or Have an Interd	est In	l.
		ny legal or	equitable interest ii	n any farm- or com	mercial fishing-related property?		
	Go to Part 7.						
∟ Yes	s. Go to line 47.						
							Current value of the portion you own?
							Do not deduct secured claims
							or exemptions.
47. Farm a			unional flak				
	les: Livestock, p	ouitry, farm	-raiseu iisn				
U No			e saksan jegi karriminina 11. miniarrisanominiaria monte al 100 akt al 100 ANV - 11.	y so an enterior and the second secon	a symptom or protect the control of		mg
□ Yes	3						
							\$

Debtor 1		Guadalupe	Serna	Case number (if known)	
	First Name	Middle Name Last Name			
48. Crop	s—either growin	g or harvested			
	No	erakan siantarrainmenen musumusumusukukun dan sila sa Patakon un 1 sa 1875 C. V. VVI et kommu	Andrew Manager and St. 1994 t PM		
	es. Give specific				\$
		ipment, implements, machinery			
		VARIABLE CONTRACTOR CO			adamenta i annonno e
U \	/es	A Particular of the Control of the C			\$
50. Farm	n and fishing sup	plies, chemicals, and feed	envennous , modusi ir Maddolfer it St.J (Ref. (1944) Pere		ACIONO TOTAL PROGRAMMA CONTRACTOR ACIONAL ACIO
	No				
	/es	graph de hypothesis (the section of the section of			and the second of the second o
					\$
		ercial fishing-related property yo			······································
	No Yes. Give specific	300 latest and have report to principles report to the control of	pr., v.)		
	res. Give specific nformation				\$
52. Add	the dollar value of	of all of your entries from Part 6	, including any	entries for pages you have attached	\$
101 F	art o. write that i		***************************************		
Part 7:	Describe /	All Property You Own or	Have an Int	erest in That You Did Not List A	bove
		4 6 12 4 4 4 4 4 4 4 4 4	lua a du Ba40		
_		operty of any kind you did not a , country club membership	iready list?		
Z 1 1	•	•	age who was a warmer was a second control of the second control of		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
	Yes. Give specific				\$
	nformation				\$
					\$
C4 A 414	the dellar value s	of all of your entries from Part 7	Write that pur	iber here	→ \$
54. Auu	the donar value t	of an or your entires from Fart 7.	write that han	iber Here	
Part 8:	List the T	otals of Each Part of this	Form		
55. Part	1: Total real esta	te, line 2			→ \$
56. Part	2: Total vehicles,	, line 5	\$_	9, 333.00	
57. Part	3: Total personal	and household items, line 15	\$_	700.00	
58. Part	4: Total financial	assets, line 36	\$_	335 .85	
59. Part	5: Total business	s-related property, line 45	\$_	0.07	
60. Part	6: Total farm- and	d fishing-related property, line 5	2 \$_	0.00	
61. Part	7: Total other pro	operty not listed, line 54	+ \$_	000	
62. Tota	l personal proper	ty. Add lines 56 through 61	\$_	(0,368. 8 Copy personal property	
63. Tota	l of all property o	n Schedule A/B. Add line 55 + lin	e 62		s 10,368.85

Case 2:17-bk-10266-ER Doc 11 Filed 01/23/17 Entered 01/24/17 12:08:48 Des Main Document Page 13 of 67

Fill in this in	formation to ider	ntify your case:		
Debtor 1	SANDRA	GUADALUPE	SERNA	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for	the: Central District of Califo	ornia -	
Case number	2:17-bk-1026	66		
(If known)				

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:

Identify the Property You Claim as Exempt

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
	→

- ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

 ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption Schedule A/B Brief Sec. 703.140 (b) (1) **\$** Cash description: 100% of fair market value, up to Line from 16 any applicable statutory limit Schedule A/B: Brief □ \$ Sec. 703.140 (b) (1) Chk/Sav Acct \$315.85 description: 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: Brief Sec. 703.140 (b) (2) 2012 Ford Edge \$ 9,333.00 description: Sec. 703.140 (b) (6) 100% of fair market value, up to Line from Sec. 703.140 (b) (5) any applicable statutory limit + Schedule A/B:

3.	Are you clai	ming a homestea	d exemption of	more than	\$160,3	375?
----	--------------	-----------------	----------------	-----------	---------	------

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

₩ No

Yes Did you acquire	the property co	vered by the exempt	ion within 1 215	dave hafora vou file	ad this case

☐ No

☐ Yes

Debtor 1

SANDRA

GUADALUPE Last Name SERNA

Case number (if known) 2:17-bk-10266

Part 2:

Additional Page

Brief description of the property and line on Schedule A/B that lists this property			value of the you own	Amount of the exemption you claim	Specific laws that allow exemption	
		Copy the	e value from le A/B	Check only one box for each exemption		
Brief description:	Furnitures	\$	300.00	<u> </u>	Sec. 703.140 (b) (3)	
Line from Schedule A/B:	<u>6</u>			√ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value statutory limit		
Brief description:	Electronics	\$	200.00	□ \$ ■ 100% of fair market value, up to	Sec. 703.140 (b) (3)	
Line from Schedule A/B:	7			any applicable statutory limit		
Brief description:	Clothes	\$	100.00	_ \$	Sec. 703.140 (b) (3)	
Line from Schedule A/B:	11			✓ 100% of fair market value, up to any applicable statutory limit		
Brief description:	Jewelry	\$	100.00	□ \$	Sec. 703.140 (b) (4)	
Line from Schedule A/B:	12			100% of fair market value, up to any applicable statutory limit		
Brief description:	-	\$				
Line from Schedule A/B:				✓ 100% of fair market value, up to any applicable statutory limit		
Brief description:		\$		_ \$		
Line from Schedule A/B:				√ 100% of fair market value, up to any applicable statutory limit		
Brief description:		\$	·····	\$		
Line from Schedule A/B:				✓ 100% of fair market value, up to any applicable statutory limit		
Brief description:		\$		\$\$ 100% of fair market value, up to		
Line from Schedule A/B:				any applicable statutory limit		
Brief description:		\$				
Line from Schedule A/B:				☐ 100% of fair market value, up to any applicable statutory limit		
Brief description:		\$				
Line from Schedule A/B:				☐ 100% of fair market value, up to any applicable statutory limit		
Brief description:		\$		\$ 100% of fair market value, up to		
Line from Schedule A/B:				any applicable statutory limit		
Brief description:		\$				
Line from				100% of fair market value, up to any applicable statutory limit		

Fill in this is	nformation to identif	y your case:	en.
Debtor 1	Sandra	Guadalupe	Serna
Debior 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name
	Bankruptcy Court for the	District of	CALIFORNA
Case number	2:17-bk-	10266	

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are fiing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

Part 1: List All Secured Claims

for each claim. If more than one creditor	more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. whabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
21 EXETER	Describe the property that secures the claim:	\$ 18,855.00	s 9,333.00	s 9,522.0
Creditor's Name PO BOX 166 008 Number Street	2012 FORD EDGE			
IRVING TX 75016 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
☐ Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)	_		
Date debt was incurred	Last 4 digits of account number 8 7 0 x	skil njede sejem met enderskipting kin sklavitet in kom ver transier og 5 det der 176 de 1875 i 170 de	er a typ, en a cree amendatus annonem - manes seus a montenta (Mai Problem de Corto (Mai	Construction of School and the Schoo
2.2	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
Number Street				
	As of the date you file, the claim is: Check all that apply			
	Contingent			
City State ZIP Code	_ ☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)	_		
Date debt was incurred	Last 4 digits of account number			rya espaper war you successed the most coloradoral black in 1966
Add the dollar value of your entries in	Column A on this page. Write that number here:	\$		
		· L		

Main Document Page 16 of 67

Debtor 1

SAVORA GUADALUM JEWA First Name Middle Name Last Name

Case number (if known)

2:17-64 - 10266

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection
agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if
you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to
be notified for any debts in Part 1, do not fill out or submit this page.

43) VERIZON	On which line in Part 1 did you enter the creditor? 4.28 Last 4 digits of account number 1 2 5
SOU TECHNOLOGY DR STE 300	Last 4 digits of account number / 4 / 2
WELDON SPRING MD 63304 City State ZIP Code	
432VERIZON PO BOX 5029	On which line in Part 1 did you enter the creditor? 4.28 Last 4 digits of account number 4.2 9.5
Number Street WALLING FORD CT 66492 City State ZIP Code	
Name	On which line in Part 1 did you enter the creditor? Last 4 digits of account number
Number	
City State ZIP Code	
Name	On which line in Part 1 did you enter the creditor?
Number Street	
City State ZIP Code	
Name	On which line in Part 1 did you enter the creditor?
Number Street	
City State ZIP Code	THE STATE OF
Name	On which line in Part 1 did you enter the creditor?
Number Street	
City State ZIP Code	

Case 2:17-bk-10266-ER Doc 11 Filed 01/23/17 Entered 01/24/17 12:08:48 Desc Main Document Page 17 of 67

Fill in this information to identify your case:					
Debtor 1	SANDRA	GNADALUPE	SERNA		
Deploi	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing	ng) First Name	Middle Name	Last Name		
United State Case number	2:12 - hk	the: Central District of Califor	nia 		

Check if this is an amended filing

Official Form 106E/F

Part 1: List All of Your PRIORITY Unsecured Claims

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

1.	Do any creditors have priority unsecured claims	against you?			i i		
	☑ No. Go to Part 2.						
	Yes.						
2.	List all of your priority unsecured claims. If a cree each claim listed, identify what type of claim it is. If a cree is the consistent amounts. As much as possible, list the consistent amounts.	editor has more than one priority unsecured claim, list to a claim has both priority and nonpriority amounts, list the laims in alphabetical order according to the creditor's neart 1. If more than one creditor holds a particular claim astructions for this form in the instruction booklet.)	nat claim nere ar iame. If you have	e more than tv	vo priority		
	(For all explanation of cash type of diami, edg the n		Total claim	Priority amount	Nonpriority amount		
2.1		Last 4 digits of account number	\$	_ \$	_ \$		
	Priority Creditor's Name	When was the debt incurred?					
	Number Street						
		As of the date you file, the claim is: Check all that appl	у.				
	City State ZIP Code	☐ Contingent					
	Ony Characteristics	Unliquidated					
	Who incurred the debt? Check one.	☐ Disputed					
	Debtor 1 only	Type of PRIORITY unsecured claim:					
	Debtor 2 only						
	Debtor 1 and Debtor 2 only	Domestic support obligations					
	At least one of the debtors and another	Taxes and certain other debts you owe the government	t				
	☐ Check if this claim is for a community debt	 Claims for death or personal injury while you were intoxicated 					
	Is the claim subject to offset? ☐ No	Other Specify	_				
	☐ Yes						
_	provided to improgramation to the improvement of the company of th	makan daga manan kanan daga manan manan daga manan daga manan daga manan daga daga manan daga daga daga daga d					
2.2		Last 4 digits of account number	\$	\$	\$		
	Priority Creditor's Name	When was the debt incurred?					
	Number Street	and the state of t	h.,				
		As of the date you file, the claim is: Check all that app	ıy.				
		Contingent					
	City State ZIP Code	Unliquidated					
	Who incurred the debt? Check one.	☐ Disputed					
	Debtor 1 only	Type of PRIORITY unsecured claim:					
	Debtor 2 only	Domestic support obligations					
	Debtor 1 and Debtor 2 only	.,	.+				
	At least one of the debtors and another	Taxes and certain other debts you owe the governmen					
	☐ Check if this claim is for a community debt	 Claims for death or personal injury while you were intoxicated 					
	Is the claim subject to offset?	Other. Specify	_				
	☐ No						
	☐ Yes						

Main Document Guadalupe Serna Page 18 of 67

Sandra

Debtor 1

of 67 Case number (# known) 217 - bk - 10266

Part 2:	List All	of Your	NONPRIORITY	Unsecured	Claims

3.	Do any creditors have nonpriority unsecured claims against you	?
	☐ No. You have nothing to report in this part. Submit this form to the	
	Yes	Salt Will your other concurred.
		order of the creditor who holds each claim. If a creditor has more than one
		For each claim listed, identify what type of claim it is. Do not list claims already
	claims fill out the Continuation Page of Part 2.	ist the other creditors in Part 3.If you have more than three nonpriority unsecured
	damio ili out ilio continuation i age of i art 2.	
		Total claim
4.1	CMRE FINANCIAL	Last 4 digits of account number 8398
	Nonpriority Creditor's Name	Last 4 digits of account number $\frac{U}{5} = \frac{1}{2} = $
	3075 E. IMPERIAL WAY STE 200	When was the debt incurred? 20/2
	Number Street	-
	BR=A CA 928.21	
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.
	Nello a la comuna de la cola de la Cola cola cons	Contingent
	Who incurred the debt? Check one.	Unliquidated
	Debtor 1 only	☐ Disputed
	Debtor 2 only	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
	At least one of the debtors and another	☐ Student loans
	District Walter states to the second state to	Obligations arising out of a separation agreement or divorce
	☐ Check if this claim is for a community debt	that you did not report as priority claims
	Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts
	☑ No	1 Other Specify COLLECTION -St Jude HOSP
	☐ Yes	7
4.2	COLLECTION CONSULTANTS	Last 4 digits of account number 06665 \$ 100.00
	Nonpriority Creditor's Name	When was the debt incurred? $06/2012$
	PO BOX 2905D	
	Number Street	
	Glendale CA 91201	As of the date you file, the claim is: Check all that apply.
	City State ZIP Code	Contingent
	Who incurred the debt? Check one.	☑ Unliquidated
		Disputed
	Debtor 1 only	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:
	Debtor 1 and Debtor 2 only	
	☐ At least one of the debtors and another	Student loans
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce
	•	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
	Is the claim subject to offset?	☑ Other. Specify <u>COLLECTION</u> — KALER PERM. BILL
	™No	other, Specify Court C 1700 - KAISE C TE COM
	Yes	
4.3	COLLECTION CONSULTANTS	Last 4 digits of account number 6 3 5 8 90.07)
	Nonpriority Creditor's Name	
	6100 SANTERNANDO RO, STE 211	When was the debt incurred? $\frac{06/20/2}{20}$
		•
	GLENDALE CA 9/20/	
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.
	•	Contingent
	Who incurred the debt? Check one.	Unliquidated
	Debtor 1 only	Disputed
	Debtor 2 only	_ Disputed
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
	At least one of the debtors and another	
		Student loans
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce
	Is the claim subject to offset?	that you did not report as priority claims
	☑ No	Debts to pension or profit-sharing plans, and other similar debts
	Yes	(A) Other Specify COLLECTION- KAISTN PEAM BILL
	— 103	

Sandra First Name

Page 19 of 67

01 67 Case number (If known) 2:17 -6k -10266

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	er listing any entries on this page, number th	em beginning with	4.4, followed by 4.5, and so forth.	Total claim
4.4	CONVERGENT OUTSOURCE	NG	Last 4 digits of account number 7 9 7 9	s 446.4
	Nonpriority Creditor's Name 800 SW 39 th STICET		When was the debt incurred? 2015	
	RENTON WA	98057	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes	ZIP Code	□ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify COLLECTION: Utility Bill F	mob'e
45	OEPT OF LOWATION / N Nonpriority Creditor's Name PO BOX 96.35	AVIENT	Last 4 digits of account number $\frac{2008}{2008}$ When was the debt incurred?	s 2, 293
	Number Street QA	18773	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
1.b	DEPT OF EDUCATION/NAVI Nonpriority Creditor's Name PO BOX 9635 Number Street WILKES BARNE PA City State	ENT 18773 ZIP Code	When was the debt incurred?	<u>\$ 1,384</u>
,	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes		 ☑ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☑ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify 	

Case 2:17-bk-10266-ER Doc 11 Filed 01/23/17 Entered 01/24/17 12:08:48 Desc or 1 First Name Middle Name Last Name Page 20 of 67 Case number (if known) 2:17 - bk - 10266

Debtor 1

Your NONPRIORITY Unsecured Claims — Continuation Page

	7 Your NONPRIORITT Onsecuted Oldinis		
Afte	listing any entries on this page, number them beginning with 4.4	4, followed by 4.5, and so forth.	Total claim
4.7	DEPT DE FORCATION/NAVIENT Nonpriority Creditor's Name PO BOX 9635	Last 4 digits of account number $\frac{2009}{12000}$	s 3,926 00
	Number Street Will Life State State State Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
48	Nonpriority Creditor's Name PO BOX 9635 Number Street WLCES BARKE PA 18773 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number 9974 When was the debt incurred?	\$ 1,404.0
49	DEPT OF EDUCATION / NAVIENT Nonpriority Creditor's Name PO BOX 963 7 Number Street HA 1577 3 City State 21P Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number 2 0 0 9 When was the debt incurred? 2009 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	\$ 825. pr

Page 21 of 67

Main Document Case number (if known) 2:17-bk-10622 SERÑA **GUADALUPE** SANDRA Debtor 1 Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: Total claim After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Last 4 digits of account number 2009\$ 1,053.00 OF EDUCATION /NAVIENT When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent ✓ Unliquidated Who incurred the debt? Check one. ☐ Disputed ☑ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other, Specify Is the claim subject to offset? ₩ No ☐ Yes 422.00 Last 4 digits of account number _2_0 (2 411 OF EDUCATION /NAVIENT When was the debt incurred? As of the date you file, the claim is: Check all that apply. ZIP Code Contingent State ☑ Unliquidated Who incurred the debt? Check one. Disputed ☑ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans ■ Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other, Specify Is the claim subject to offset? ☑ No ☐ Yes 1-10 Last 4 digits of account number 6 1 3 2 ** Stolvices system When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only

Obligations arising out of a separation agreement or divorce that

Debts to pension or profit-sharing plans, and other similar debts

you did not report as priority claims

Other. Specify_

☑ No Yes

At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community debt

Part	2: Your NONPRIORITY Unsecured Claims — Continuation	on Page	
After	listing any entries on this page, number them beginning with 4.4,	followed by 4.5, and so forth.	Total claim
	ENHANCED RECOVERY COMPANY JOHN Street JACKSON VILLE State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	When was the debt incurred? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	<u>380.00</u>
Community and the community of the commu	FIRST PREMIER BANK Nonpriority Creditor's Name 601 S MINNES DTA ATE Number Street STOWN FALLS State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number 4578 "hen was the debt incurred? 9/2013 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Ophical Students of the similar debts Other. Specify Ophical Students of the similar debts	* 4220
415	FIRST PREMIER BANK Nonpriority Creditor's Name 3k20 N. LOUISE AVE Number Street Ston X FALLS SD 57107 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Last 4 digits of account number	\$ 1-00

First Name

r listing any entries on this page, number them beginning with 4.	4, followed by 4.5, and so forth. Total claim
GMAC LLC Nonpriority Creditor's Name	Last 4 digits of account number $\frac{1}{2} \frac{3}{9} \frac{9}{1}$ $\frac{1}{9} \frac{8}{9} \frac{8}{9} \frac{9}{9} \frac{1}{9}$ When was the debt incurred? $\frac{2009}{9}$
3636 BIRCH	
City Street HACH CA 92660 State ZIP Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed
☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes	 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify
GRANT & WESTR	Last 4 digits of account number 4 4 95 \$ 229
Nonpriority Creditor's Name 26610 W. AGOURA RD STE 20	When was the debt incurred?
Number Street CALABASAS City Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that
☐ Check if this claim is for a community debt Is the claim subject to offset?	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Other. Specify Debts to pension or profit-sharing plans, and other similar debts Medical
☑ No □ Yes	
8 10 DATA INTERNATIONAL	Last 4 digits of account number 6701
Nonpriority Creditor's Name	When was the debt incurred? 10/2009
Number Street WA 98213	As of the date you file, the claim is: Check all that apply.
City State ZIP Code	☐ Contingent ☐ Unliquidated
Who incurred the debt? Check one. ✓ Debtor 1 only	☐ Disputed
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that
☐ Check if this claim is for a community debt Is the claim subject to offset? ✓ No.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify

Yes

VIMUNI W	· L L	71300			
Nonpriority Creditor's Name	~				
1138 ELM	41	_			
Number Street MANCHESTER	NH	03/01			
City	State	ZIP Code			
Who incurred the debt? Check ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and					
☐ Check if this claim is for a community debt					

Last 4 digits of account numberx/
When was the debt incurred? <u>b1/2011</u>
As of the date you file, the claim is: Check all that apply.
☐ Contingent ☐ Unliquidated ☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts Other. Specify Other. Specify

☑ No ☐ Yes

Is the claim subject to offset?

Other. Specify_

Debts to pension or profit-sharing plans, and other similar debts

☑ No ☐ Yes

☐ Check if this claim is for a community debt

Is the claim subject to offset?

SANDRA

Page 26 of 67

OUI 07 Case number (if known) 2:17-bk-10622

Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: **Total claim** After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Last 4 digits of account number $\frac{2}{5}$ When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent ✓ Unliquidated Who incurred the debt? Check one. Disputed ☑ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ■ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other, Specify BIN UTINT Is the claim subject to offset? ✓ No Yes Last 4 digits of account number 3283 600.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent ☑ Unliquidated Who incurred the debt? Check one. Disputed ☑ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ☐ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts
Other. Specify CAMME BILL Is the claim subject to offset? **☑** No

☐ Yes	opportuge freight to committe had been find the description of the Policy Mark Landscool Tradition and Market	
SYNCHRONY	BANK/t	PENNE
Nonpriority Creditor's Name	965007	
Number Street ORLANDO	FL	32896
City	State	ZIP Code
Who incurred the debt? C	heck one.	
Debtor 1 only		
Debtor 2 only		
Debtor 1 and Debtor 2 on	ly	
At least one of the debtor	s and another	

☐ Check if this claim is for a community debt

Is the claim subject to offset?

Last 4 digits of account number 6 0 0 8 When was the debt incurred? 10/2013	\$ 20 0 .0
As of the date you file, the claim is: Check all that apply.	
Contingent✓ UnliquidatedDisputed	i makanan la matan yami (1979 mpaya
Type of NONPRIORITY unsecured claim:	- Application of the state of t
 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify 	

☑ No ☐ Yes

GUADALUPE SANDRA

Main Document

Page 27 of 67

Case number (if known) 2:17-bk-10622

Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.1, followed by 4.5, and so forth. **Total claim** MANAGEMENT Last 4 digits of account number 1295 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent ✓ Unliquidated Who incurred the debt? Check one. □ Disputed ☑ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify COULTON Is the claim subject to offset? ₩ No ☐ Yes 413. R Last 4 digits of account number 6846 TRANSWORLD SYSTEMS When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent ✓ Unliquidated Who incurred the debt? Check one. ■ Disputed ☑ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims you did not report as priority Gamma

Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt Other Specify Couton DINES Is the claim subject to offset? **☑** No ☐ Yes SIDE RECOVER SENVICES Last 4 digits of account number 99N1

WILSTIRE BLVD, STE 1100

When was the debt incurred? 11/2013

NGELES, CA 90048

As of the date you file, the claim is: Check all that appropriate the state of the date of the s 244. V As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only ■ Student loans ■ At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts COLLECTION: MEDICAT. Is the claim subject to offset?

☑ No Yes

Sandra

Guadalupe

Main Document Serna

Page 28 of 67 Case number (if kno 2:17-bl-10266

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total	claim	

Total claims from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.

- 200 6a.
- 0.00 6b.
- 0.0 6c.
- 6d
- 0-17) 6e.

Total claim

Total claims from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

- 11,308.00 6f.
- 6g.
- 6h.

Fill in this information to identify your case:				
Debtor	Sandra	Guadalupe	Serna	
Debioi	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse If filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: LENTRAL District of CALIFORNIA				
Case number	2:17-bk	- 10266		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person o	r company wit	h whom you	have the contract or lease	State what the contract or lease is for
2.1					
}	Name		· ********************************		
	Number	Street			
	City	THE WARRY TO THE PERSON ASSESSMENT	State	ZIP Code	de 15 au 2000 propro - 120 de 18 de
2.2				V. 199	_
	Name				
	Number	Street			
2.3	City	第二次 (1985年) (1985404) (1985404) (1985404) (1985404) (1985404) (1985404) (1985404) (1985404) (198540	State	ZIP Code September 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
_ :	Name				
	Number	Street			
Salano - L	City	SANGE WIELES SEEDING SEEN IN THE SEED OF	State	ZIP Code	
2.4	Name				
	Number	Street			_
		Sileet	State	ZID Code	
2.5	City	eger a himosumminaett skell hoop til Aust - gust -	State	ZIP Code	OF THE STATE STATE STATE OF THE STATE STATE OF THE STATE
	Name		1.00		
	Number	Street			
	City	· · · · · · · · · · · · · · · · · · ·	State	ZIP Code	

Fill in this information to identify your case:					
Debtor 1	Sandra	Guadalupe	Serna		
	First Name	Middle Name	Last Name		
Debtor 2	>	No. of the Name	Last Name		
(Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: CHATIAL District of CALIFICNIA					
Case number 2:17 -6 K - 10 266 (If known)					

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

ase	Humber (II Kilowit). Allower companies and a second	movem mile ******** ** ******** ***************	The second secon
	Oo you have any codebtors? (If you are filing a joint case, do ☐ No	o not list either spouse	as a codebtor.)
	☑ Yes		
2.	Within the last 8 years, have you lived in a community pro Arizona, California, Idaho, Louisiana, Nevada, New Mexico, P	pperty state or territory Puerto Rico, Texas, Wa	y? (Community property states and territories include shington, and Wisconsin.)
	☐ No. Go to line 3.		
	Yes. Did your spouse, former spouse, or legal equivalent l	live with you at the time	?
	☑ No		
	Yes. In which community state or territory did you live?	?	Fill in the name and current address of that person.
	Name of your spouse, former spouse, or legal equivalent		_
	Number Street		_
	City State	ZIP Code	-
	In Column 1, list all of your codebtors. Do not include you		and the state of the second
	Schedule D (Official Form 106D), Schedule E/F (Official Fo Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor	om 100±11 /, 01 001100	Column 2: The creditor to whom you owe the debt
			Check all schedules that apply:
3.1	MARIA SERNA		2 Schedule D, line _2./_
	9637 PARK SMEET		☐ Schedule E/F, line
	Number Street	(20.00/	Schedule G, line
	BEUFLOWER CA City State	ZIP Code	
3.2			
	Name		☐ Schedule E/F, line
	Number Street		Schedule G, line
		ZIP Code	
	City State	ZIF Coue	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER
3.3			Schedule D, line
	Name		☐ Schedule E/F, line
	Number Street		☐ Schedule G, line
	City State	ZIP Code	
	The second secon	, , , , , , , , , , , , , , , , , , ,	The state of the s

48	Desc
+0	Desc

Fill in this i	nformation to identify	your case:	44					
Debtor 1	SANDRA	GUADALUPE	SERNA					
Debtor 2	First Name	Middle Name	Last Name		_			
(Spouse, if filing) First Name	Middle Name	Last Name		_			
United States	• •	Central District of Californ	nia					
Case number (If known)	2:17-bk-10266		_			Check if		
							mended filing pplement showing pos	tnetition chanter 13
							ne as of the following	
Official F		-				MM /	DD / YYYY	
Sched	dule I: You	ır Income						12/15
If you are sep	parated and your spou	ou are married and not use is not filing with you top of any additional p	u, do not include in	ıforma	tion abo	ut vour sp	ouse. If more space is	needed, attach a
Fill in you information	ır employment on.		Debtor 1				Debtor 2 or non-	iling spouse
attach a s	e more than one job, eparate page with n about additional s.	Employment status	☑ Employed	yed		Mingeliek a disek ye enemen antara disek	☑ Employed ☐ Not employed	
Include pa	art-time, seasonal, or		c . a+	. 4 1	,		n . 10	
	n may include student	Occupation	(ANTE)	VtX	`		KELON	, successis
or homem	aker, if it applies.	Employer's name	IN Hons	t	UPPE	RT SEA	res Iron	MOUNTAIN
e e e e e e e e e e e e e e e e e e e		Employer's address	1505 Number Street	VAL	NER	AVE	Number Street	DWAY PL
			SANTA	ANA State	CA e ZIP C	9270	5 Cenamos	CA 90703 State ZIP Code
· I I Salar and Control		How long employed th	nere? 2010	-			2006	
Part 2:	Give Details About	Monthly Income						
spouse un	less you are separated. our non-filing spouse ha	the date you file this fo	yer, combine the inf				·	,
					For	Debtor 1	For Debtor 2 or non-filing spouse	
		ary, and commissions (to calculate what the month		2.	\$ <u> </u>	087.00	\$2,600.00	
3. Estimate	and list monthly over	time pay.		3.	+\$	0.00	+ \$0.00	_
4. Calculate	gross income. Add lin	ne 2 + line 3.		4.	\$ <u>1</u> ,	087.00	\$ 2,600.00	

Page 32 of 67 Main Document

SERNA_ Case number (if known) 2:17-bk-10266 SANDRA **GUADALUPE** Debtor 1 First Name

		Fo	or Debtor 1		ebtor 2 or ling spouse	
Copy line 4 here	→ 4	s	1,087.00	\$	2,600.00	
	2 4.	Ψ_		Ψ		
5. List all payroll deductions:			ara da		_	
5a. Tax, Medicare, and Social Security deductions	5a.	\$_	217.40	\$	520	
5b. Mandatory contributions for retirement plans	5b.	\$_		\$		
5c. Voluntary contributions for retirement plans	5c.	\$_		\$		
5d. Required repayments of retirement fund loans	5d.	\$_		\$	1/0	
5e. Insurance	5e.	\$_		\$	160	
5f. Domestic support obligations	5f.	\$_		\$	500	
5g. Union dues	5g.	\$_		\$	100	
5h. Other deductions. Specify:	5h.	+ \$_		+ \$		
6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$_	217.46	\$	916	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	869.60	\$	1,610	
8. List all other income regularly received:						
8a. Net income from rental property and from operating a business, profession, or farm						
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_	0.00	\$	0.00	
8b. Interest and dividends	8b.	\$	0.00	\$	0.00	
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	nt					
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00	\$	0.00	
8d. Unemployment compensation	8d.	\$_	0.00	\$	0.00	
8e. Social Security	8e.	\$_	0.00	\$	0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	ce					
Specify:	8f.	\$_	0.00	\$	0.00	
8g. Pension or retirement income	8g.	\$_	0.00	\$	0.00	
8h. Other monthly income. Specify:	8h.	+\$	0.00	+\$	0.00	
9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	000	\$	0.00	
O. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10.	\$_	869.60+	\$	1,690.00=	\$ 2,559.60
State all other regular contributions to the expenses that you list in Sched	lule .	<i>.</i>				
Include contributions from an unmarried partner, members of your household, y friends or relatives.						
Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailabl	e to pay expenses	listed i	n <i>Schedule J.</i>	
Specify:					11. +	\$0.00
 Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S 				•	ne. 12.	\$ 2,55% Combined
13. Do you expect an increase or decrease within the year after you file this f ✓ No.	orm?	•				monthly income
Yes. Explain:					W	

78-633853

DETACH ON DOTTED LINE KEEP THIS PORTION FOR YOUR RECORDS

ISSUE DATE: 12	12/08/2016	Please	Please contact your local IHSS county office for PAYMENT questions	unty office for	PAYMEN	T questions.
Recipient	SERNA ANTONIO	NIO			ID# 1120672	1672
Payee/Provider S	SERNA SANDRA	RA G			ID# 002055944	55944
Service Period: 11	11/16/16 to 11/30/16	11/30/16	Timesheet#	4012435738	5738	30 05
Process Date: 12	12/06/16		Deductions	Current		YTD
Pay Rate: \$	10.20		Federal	11.34	_	442.93
Hours Submitted	H 020	M 19	Addt Federal	00.	_	00.
Hours Not Paid	H 000	M 00	Addt State	00.		00.
Total Hours Paid	H 020	M 19	FICA	12.85		408.38
Travel Hours	H 000	M 00	Medicare	3.01		95.51
Overtime Hours	000 H	M 00	SDI/DIEC	1.86		59.28
			Share of Cost	00.	_	99.
			Recovery	00.		00.
	Current	YTD	Lien	00.		00.
Regular *	207.23	6586.70	Health	00.	:	00.
Adjustment	00.	00.	Dues	21.80	0	255.70
Travel	00.	00.	Health Trust	00.	0	00 .
Overtime	00.	00.	COPE/PEOPLE	00.	-	00.
	N4		Initiation	00.	0	00.
			Other Insurance	00.	0	00.
Total Gross	207.23	6586.70				
Net Pay	156.37	5324.90	Total Deductions	50.86	9	1261.80
* Includes Overtime Hours at regular rate	ours at regular ra	Đị Đị				

ISSUE DATE:	11/22/2016	Please	contact your local IHSS	county office for	PAYMENT questions
Recipient	SERNA ANTO	ONIO		10	# 1120672
Payee/Provider	SERNA SANI	ORA G		IC	# 002055944
Service Period: 1	1/01/16 to	11/15/16	Timesheet #	401173	1015 30 05
Process Date: 1	1/18/16		Deductions	Current	YTD
Pay Rate: \$	10.20	<u> </u>	Federal	28.02	431.59
Hours Submitted	H 036	M 40	Addt Federal	. 00	
Hours Not Paid	H 000	Moo	State Addt State	. 00 . 00	
Total Hours Paid	H 036	M 40	FICA	23. 19	
Travel Hours	H 000	M 00	Medicare	5. 42	92.50
Overtime Hours	H 000	M 00	SDI/DIEC	3. 37	
, , , , , , , , , , , , , , , , , , , 			Share of Cost	. 00	
	Current	YTD	Recovery	. 00	. 00
	Current		Lien	. 00	. 00
Regular *	374.00	6379.47	Health	. 00	.00
Adjustment			Dues		233.90
Travel	. 00	. 00	Health Trust	. 00	.00
Overtime	.00	. 00	COPE/PEOPLE	. 00	. 00
			Initiation	. 00	. 00
			Other Insurance	. 00	. 00
Total Gross	374.00	6379.47			
Net Pay	314.00	5168.53	Total Deductions	60.00	1210.94

^{*} Includes Overtime Hours at regular rate.

Case 2:17-0K-10266-ER 815 É COLORADO BLVD SUITE 400 LOS ANGELES, CA 90041

Doc 11 Filed 01/23/17 Entered 01/24/17 12:08:48 Desc

Page 35 of 67

11/23/2016

Direct Deposit CHECK NO.

PAY TO THE ORDER OF

SANDRA SERNA 9637 PARK ST. **BELLFLOWER CA 90706** Total Net Direct Deposit(s)
\$625.64

VOID THIS IS NOT A CHECK.

PLAZA BANK 18200 VON KARMAN AVE, STE 500 IRVINE, CA

NON-NEGOTIABL AUTHORIZED SIGNATURE(S

FOLD AND REMOVE					FOLD AND RE	EMOVE \$
PERSONAL AND CHECK INFORMATION SANDRA SERNA 9637 PARK ST. EARNINGS	DESCRIPTION	HRS/ UNITS	RATE	CURRENT (\$)	YTD HRS/ UNITS	YTD (
BELLFLOWER, CA 90706 Soc Sec #: XXX-XXXX Employee ID: 53040	HOURLY REGULAR PAY ADJUSTMENT	60.00	13.1300	787.80	306.00 35.00	3517.7 88.2
Hire Date: 01/01/13 Status: TP Filing Status:	HOURS WORKED ADJ EARNINGS	60.00	-	787.80	306.00	3605.9
Federal: Single, 0 State: CA, Single, 0	GROSS EARNINGS	60.00	e Pilipa i	787.80	341.00	3605.9
Div/Br/Dept: 2/RESPIT/18 WITHHOLDINGS	DESCRIPTION	~		CURRENT (\$)		HID
Pay Period: 11/01/16 to 11/15/16 Check Date: 11/23/16 Check #: Direct Deposit	FEDERAL W/H OASD} MEDICARE			84.78 48.84 11.42		291.6 223.5 52.2
TIME OFF (Based On Policy Year) DESCRIPTION AVAILABLE USED	STATE W/H CA STATE SDI CA			10.03 7.09		10.0 32.4
CA SICK 14.733 0.000 HOURS NET PAY ALLOCATIONS	TOTAL			162.16		609.

YTD CURRENT (\$) **NET PAY** 2996 625.64

CHECKING NET - 6808

Net Pay

2996.00

2996.00

625.64

625.64

THE CASEN 2:12 MERCI 0266 MERCING DOCAL SOUNTED OF OUT 2014 AND ENTEROPORTY 2417 12:08:48 AREA DESCRIPTION OF THE CONTROL OF T Page 36 of 67

PREMIER HEALTHCARE SERVICES EL TO E COLORADO BLVD SUITE 850 PASADENA, CA 9/101

Main Document 0483-0433-DEP 2-RESPIT-18 530-40

Direct 12/23/2015 Deposit CHECK NO DATE

PAY TO THE ORDER OF

SANDRA SERNA 9637 PARK ST. BELLFLOWER CA 90706

Total Net Direct Deposit(s) **\$199.78**

AMOUNT

VOID THIS IS NOT A CHECK.

PLAZA BANK 18200 VON KARMAN AVE, STE 500 IRVINE, CA



TO VERIFY AUTHENTICITY OF THIS DOCUMENT, THE BACK CONTAINS HEAT FOLD AND REMOVE						FOLD AND	REMOVE
PERSONAL AND CHECK INFORMATION SANDRA SERNA 9637 PARK ST.	EARNINGS	DESCRIPTION	HRS/ UNITS	RATE	CURRENT (\$)	YTD HRS/ UNITS	YTD (\$)
BELLFLOWER, CA 90706		HOURLY REGULAR	24.00	9.7300	233.52	288.00	2802.25
Soc Sec #: XXX-XXXX Employee ID: 53040 Hire Date: 01/01/13 Status: TP		HOURS WORKED ADJ EARNINGS GROSS EARNINGS	24.00		233.52 233.52	288.00 288.00	2802.25 2802.25
Filing Status: Federal: Single, 0 State: CA, Single, 0 Div/Br/Dept: 2/RESPIT/18	WITHHOLDINGS	DESCRIPTION			CURRENT (\$)	· · · · · · · · · · · · · · · · · · ·	YTD (\$)
Pay Period: 12/01/15 to 12/15/15 Check Date: 12/23/15 Check #: Direct Deposit TIME OFF (Based On Policy Year)		FEDERAL W/H OASDI MEDICARE STATE SDI CA			13.77 14.48 3.39 2.10		165.22 173.75 40.65 25.21
DESCRIPTION AVAILABLE USED CA SICK 4.533 0.000 HOURS NET PAY ALLOCATIONS		TOTAL			33.74		404.83
DESCRIPTION CURRENT (\$) YTD (\$) Check Amount 0.00 383.72 CHECKING NET - 0174 199.78 2013.70 Net Pay 199.78 2397.42							
-							
	400						
A Section 1					CURRENT (\$)	n na kiji ka katina na	YTD (\$)
	NET PAY		of Marketon and Property and Parketon and Pa		199.78		2397.42

Fill in	n this information to identify	your case:						
Debto		Guadalupe	Serna		01 1 16 11 1			
Debto	First Name	Middle Name	Last Name		Check if this			
	se, if filing) First Name	Middle Name	Last Name		An amen		•	petition chapter 13
United	d States Bankruptcy Court for the:	CENTRAL DISTRUC	T.				nowing posi the following	
Case (If kno	number wn)				MM / DD /	YYYY	_	
Offic	cial Form 106J							
Scl	hedule J: Yo	ur Expenses	S					12/15
inform	complete and accurate as po ation. If more space is need wn). Answer every question	ed, attach another sheet to	ple are fili this form	ing together, bot n. On the top of a	h are equally res iny additional pa	ponsibi ges, wr	le for supply ite your nam	ring correct e and case number
		iselloid						
_	is a joint case?							
	vo. Go to line 2. Yes. <mark>Does Debtor 2 live in a s</mark>	separate household?						
	□ No							
	☐ Yes. Debtor 2 must fil	e Official Form 106J-2, Expe	enses for S	Separate Househo	old of Debtor 2.	MATERIAL CONTRACTOR STORES		
_	ou have dependents?	□ No		Dependent's rela		D	ependent's	Does dependent live
Do n Debt	ot list Debtor 1 and or 2.	Yes. Fill out this infome each dependent	nation for	Debtor 1 or Debt	or 2	a(ge	with you?
Do n	ot state the dependents'			Pedro N	lephe W		1	No Yes
Harrie	55 .			Briham	Niece		4	□ ₄ No
								Yes
								☐ No ☐ Yes
								☐ No
							 	Yes
								□ No
								Yes
expe	our expenses include enses of people other than self and your dependents?	□ No □ Yes						
Part 2:	Estimate Your Ongoi	ng Monthly Expenses						
	te your expenses as of your		ess you a	re using this for	m as a suppleme	nt in a	Chapter 13 c	ase to report
expens	es as of a date after the ban							
	ble date.		!£	lon aver the control	-£			
	expenses paid for with non ssistance and have included				OT		Your expe	nses
	rental or home ownership e rent for the ground or lot.	xpenses for your residenc	e. Include	first mortgage pa	yments and	4.	\$	200.08
If no	ot included in line 4:							
4a.	Real estate taxes					4a.	\$	
4b.	Property, homeowner's, or re	enter's insurance				4b.	\$	
4c.	Home maintenance, repair, a	and upkeep expenses				4c.	\$	
4d.	Homeowner's association or	condominium dues				4d.	\$	

Debtor 1 Sandra Guadalupe Serna Case number (if known) 2:17 - 6k - 10266

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$
6.	Utilities:		
٠.	6a. Electricity, heat, natural gas	6a.	s 30.00
	6b. Water, sewer, garbage collection	6b.	\$ [D. (77)
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ 40.0D
	6d. Other. Specify:	6d.	sO.170
7.	Food and housekeeping supplies	7.	s 200.00
8.	Childcare and children's education costs	8.	\$
9.	Clothing, laundry, and dry cleaning	9.	\$ 20.00
10.	Personal care products and services	10.	\$ 30·00
11.	Medical and dental expenses	11.	s30.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$40.0D
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$
14.	Charitable contributions and religious donations	14.	\$
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$
	15b. Health insurance	15b.	\$
	15c. Vehicle insurance	15c.	\$
	15d. Other insurance. Specify:	15d.	\$
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$
17.	Installment or lease payments:		,, b
	17a. Car payments for Vehicle 1	17a.	s <u>471.74</u>
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify:	17c.	\$
	17d. Other. Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$
19.	Other payments you make to support others who do not live with you.		
	Specify:	19.	\$
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie.	
	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxes	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e. Homeowner's association or condominium dues	20e.	\$

D	ebtor 1	Sandra First Name	Guadalupe Middle Name Last Name	Serna	Case number (if kn	nown)	2:17-62-10266
21	Oth	er. Specify:				21.	+\$
22.	Calc	culate your monthl	y expenses.				
	22a.	Add lines 4 through	121.			22a.	\$ 1,071.74
	22b.	Copy line 22 (mont	hly expenses for Debtor 2), if a	ny, from Official Form 106J	-2	22b.	\$ 1,300.00
	22c.	Add line 22a and 22	2b. The result is your monthly e	xpenses.		22c.	s 2,391.74
23.	Calcu	late your monthly	net income.				
	23a.	Copy line 12 (your	combined monthly income) fror	n Schedule I.		23a.	s 2, 559.60
	23b.	Copy your monthly	expenses from line 22c above.			23b.	-\$ 2,371.4c
		Subtract your mont The result is your <i>n</i>	hly expenses from your monthly nonthly net income.	y income.		23c.	s187.86
24.	Do yo	u expect an increa	se or decrease in your expen	ses within the year after	you file this form?		
	For ex mortga	cample, do you expe age payment to incr	ect to finish paying for your car I ease or decrease because of a	oan within the year or do y modification to the terms o	ou expect your of your mortgage?		
	√ No						
	☐ Ye	s. Explain here:					

Case 2:17-bk-10266-ER Doc 11 Filed 01/23/17 Entered 01/24/17 12:08:48 Desc Main Document Page 40 of 67

	•			_
Debtor 1	Sandra	Guadalupe	Serna	
	First Name	Middle Name	Last Name	—
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
	Bankruptcy Court for t	the: Central District of Cali	ifornia	

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below		
Did you pay or agree to pay someone who ☐ No ☑ Yes. Name of person Cielo Guilatco	o is NOT an attorney to help you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).	
Under penalty of perjury, I declare that I hat that they are true and correct.	ave read the summary and schedules filed with this declaration and	
Signature of Debtor 1	Signature of Debtor 2	
Date 01/23/2017 MM / DD / YYYY	Date	

Fill in this i	nformation to ide	ntify your case:	
Debtor 1	SANDRA	GUADALUPE	SERNA
BCBIOI 1	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filin		Middle Name	Last Name
United States	s Bankruptcy Court fo	or the: CENTRAL District	of <u>CALIFOR</u> NIA
Case numbe	, 2:17-b	K-10266	·

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

List Your Creditors Who Have Secured Claims

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's EXETER FINANCE	☐ Surrender the property.	☐ No
name:	Retain the property and redeem it.	☑ Yes
Creditor's EXETER FINANCE name: Description of property 2012 FORO EDGE securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
securing debt.	Retain the property and [explain]:	_
Creditor's	☐ Surrender the property.	☐ No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
securing debt.	Retain the property and [explain]:	_
Creditor's	☐ Surrender the property.	No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
securing debt.	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	☐ No
name:	Retain the property and redeem it.	☐ Yes
Description of property	Retain the property and enter into a Reaffirmation Agreement.	
securing debt:	Retain the property and [explain]:	

Debtor 1

SANORA GUACALUAT SEXNA
First Name Middle Name Last Name

Case number (If known)_

2:17-bk -10266

or any unexpired personal property lease that you listed in <i>Schedule G: Executory Contracts and Unexpired Leases</i> (Official Form 106G), in the information below. Do not list real estate leases. <i>Unexpired leases</i> are leases that are still in effect; the lease period has not yet ded. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).					
escribe your unexpired personal property lease		Will the lease be assumed?			
ssor's name:		□ No			
scription of leased operty:		Yes			
ssor's name:		□ No			
scription of leased perty:		☐ Yes			
ssor's name:	en version de la company de la	□ No			
scription of leased perty:	ta maka at maniminan mengangan kenangan penggan panggan panggan panggan panggan panggan panggan panggan pangga	☐ Yes			
ssor's name:		□ No			
scription of leased perty:		Yes			
sor's name:		□ No			
scription of leased perty:		Yes			
sor's name:		□ No			
scription of leased perty:		Yes			
sor's name:		□ No			
scription of leased perty:		☐ Yes			
perty: Sign Below	dicated my intention about any proper d lease.	ty of my estate that secures a debt and any			
atu/e of Debtor 1	Signature of Debtor 2				
ature of Debtor 1	Signature of Debtor 2				

Doc 11 Filed 01/23/17 Entered 01/24/17 12:08:48 Desc Case 2:17-bk-10266-ER Page 43 of 67 Main Document

Fill in this information to identify your case:						
Debtor 1	Sandra	Guadalupe	Serna			
ĺ	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing	g) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: Central District of California Case number (If known) Case if filling) First Name Middle Name Last Name Last Name Last Name Last Name Last Name						

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	t is your current marital status? Married Not married			
1	ng the last 3 years, have you lived anywhere No Yes. List all of the places you lived in the last 3 y			
	Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
	9637 PARK ST Number Street	From 2011 To Present	Same as Debtor 1 Number Street	Same as Debtor 1 From To
	BELIFLOWER CA 90700 State ZIP Code	2	City State ZIP Code	appear in a
	The second secon		☐ Same as Debtor 1	Same as Debtor 1
	Number Street	From To	Number Street	From To
	City State ZIP Code	_	City State ZIP Code	
state	es and territories include Arizona, California, Ida	ho, Louisiana, Neva	valent in a community property state or territory? da, New Mexico, Puerto Rico, Texas, Washington, an m 106H).	(Community property d Wisconsin.)

Part 2: Explain the Sources of Your Income

tor 1 Sandra Guadalı First Name Middle Name L	upe Serna	Case nu	umber (if known) d:14-	-bk-10266
Did you have any income from employm Fill in the total amount of income you receiv If you are filing a joint case and you have in	ed from all jobs and all bus	inesses, including part-ti	me activities.	endar years?
☑ No ☑ Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$ < 608.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
For last calendar year: (January 1 to December 31, 2016 YYYY	✓ Wages, commissions, bonuses, tips Operating a business	s /6, 443.36	Wages, commissions, bonuses, tips Operating a business	\$
For the calendar year before that: (January 1 to December 31, 2015	✓ Wages, commissions, bonuses, tips_) ☐ Operating a business	s 27, 203	Wages, commissions, bonuses, tipsOperating a business	\$
nclude income regardless of whether that i	ncome is taxable. Example:	s of <i>other income</i> are alin	• • • • • • • • • • • • • • • • • • • •	•
nclude income regardless of whether that in inemployment, and other public benefit pay jambling and lottery winnings. If you are fill ist each source and the gross income from	ncome is taxable. Example: ments; pensions; rental inc ng a joint case and you haw	s of other income are alin come; interest; dividends; re income that you receive	money collected from law ed together, list it only onc	suits; royalties; and
nclude income regardless of whether that in inemployment, and other public benefit pay jambling and lottery winnings. If you are fill ist each source and the gross income from No	ncome is taxable. Example: //ments; pensions; rental inc ng a joint case and you have n each source separately. D	s of other income are alin come; interest; dividends; re income that you receive	money collected from law ed together, list it only onc t you listed in line 4.	suits; royalties; and e under Debtor 1. Gross income from each source
nclude income regardless of whether that in unemployment, and other public benefit pay gambling and lottery winnings. If you are filitiest each source and the gross income from No Yes. Fill in the details.	ncome is taxable. Example: yments; pensions; rental inc ng a joint case and you have n each source separately. D Debtor 1 Sources of income Describe below.	s of other income are alincome; interest; dividends; re income that you receive not include income that Gross income from each source (before deductions and	money collected from law ed together, list it only onc t you listed in line 4. Debtor 2 Sources of income	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and
nclude income regardless of whether that in nemployment, and other public benefit pay ambling and lottery winnings. If you are filitist each source and the gross income from No Yes. Fill in the details.	ncome is taxable. Example: yments; pensions; rental inc ng a joint case and you have n each source separately. D Debtor 1 Sources of income Describe below.	s of other income are alincome; interest; dividends; re income that you receive not include income that Gross income from each source (before deductions and	money collected from law ed together, list it only onc t you listed in line 4. Debtor 2 Sources of income	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and
nclude income regardless of whether that in nemployment, and other public benefit pay ambling and lottery winnings. If you are filitist each source and the gross income from No Yes. Fill in the details. From January 1 of current year until	ncome is taxable. Example: yments; pensions; rental inc ng a joint case and you have n each source separately. D Debtor 1 Sources of income Describe below.	s of other income are alincome; interest; dividends; re income that you receive not include income that Gross income from each source (before deductions and	money collected from law ed together, list it only onc t you listed in line 4. Debtor 2 Sources of income	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and
nclude income regardless of whether that in nemployment, and other public benefit pay ambling and lottery winnings. If you are filitist each source and the gross income from No Yes. Fill in the details. From January 1 of current year untilested to the property of the p	ncome is taxable. Example: yments; pensions; rental inc ng a joint case and you have n each source separately. D Debtor 1 Sources of income Describe below.	s of other income are alincome; interest; dividends; re income that you receive not include income that Gross income from each source (before deductions and	money collected from law ed together, list it only onc t you listed in line 4. Debtor 2 Sources of income	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and
Include income regardless of whether that in inemployment, and other public benefit pay pambling and lottery winnings. If you are filicist each source and the gross income from No Yes. Fill in the details. From January 1 of current year untithe date you filed for bankruptcy:	ncome is taxable. Example: yments; pensions; rental inc ng a joint case and you have n each source separately. D Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions) \$\	money collected from law ed together, list it only onc t you listed in line 4. Debtor 2 Sources of income	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and
roclude income regardless of whether that is unemployment, and other public benefit pay gambling and lottery winnings. If you are filicist each source and the gross income from No Yes. Fill in the details. From January 1 of current year untithe date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2016 YYYY)	ncome is taxable. Example: yments; pensions; rental inc ng a joint case and you have n each source separately. D Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions) \$\frac{1}{2} \frac{1}{2}	money collected from law ed together, list it only onc t you listed in line 4. Debtor 2 Sources of income	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and
Yes. Fill in the details. From January 1 of current year unti the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2016)	ncome is taxable. Example: yments; pensions; rental inc ng a joint case and you have n each source separately. D Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions) \$\begin{array}{c} Gross income from each source (before deductions and exclusions) \$\begin{array}{c} S \\ S	money collected from law ed together, list it only onc t you listed in line 4. Debtor 2 Sources of income	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and

Debtor 1 Sandra Guadalupe Serna Case number (# known) 2:17 -blc - 10266

Pa	rt 3:	List Certain Payments You Made Before	e You Filea	for Bankruptcy		
6.	Are eith	ner Debtor 1's or Debtor 2's debts primarily co	nsumer debt	s?		
	☐ No.	Neither Debtor 1 nor Debtor 2 has primarily of incurred by an individual primarily for a personal			defined in 11 U.S.C. § 101	(8) as
		During the 90 days before you filed for bankrupt	•		66,425* or more?	
		□ No. Go to line 7.				
				A		
		Yes. List below each creditor to whom you p total amount you paid that creditor. Do child support and alimony. Also, do not	not include pa	ayments for domestic sup	port obligations, such as	
		* Subject to adjustment on 4/01/19 and every 3	years after th	at for cases filed on or af	ter the date of adjustment.	
	☑ Yes	. Debtor 1 or Debtor 2 or both have primarily o	onsumer de	ots.		
		During the 90 days before you filed for bankrupt			6600 or more?	
		☐ No. Go to line 7.				

		Yes. List below each creditor to whom you p creditor. Do not include payments for d alimony. Also, do not include payments	lomestic supp	ort obligations, such as c	hild support and	
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for
		EXETEN FINANCE Creditor's Name	11/02/20	6 s 1,415.22	\$ 18,000	☐ Mortgage
		PG BOX 166008	12/02/2	Note		☑ Car
		Number Street	1-10-21-21			Credit card
			1/02/20	17		Loan repayment
		IRVING TX 75016		. ,		☐ Suppliers or vendors
		City State ZIP Code				Other
				\$	\$	☐ Mortgage
		Creditor's Name				☐ Car
						☐ Credit card
		Number Street				Loan repayment
						☐ Suppliers or vendors
						☐ Other
		City State ZIP Code				
		And the second s				the control of the co
		Ou disab. Name		\$	\$	☐ Mortgage
		Creditor's Name				☐ Car
		Number Street				Credit card
						Loan repayment
						☐ Suppliers or vendors
		City State ZIP Code				☐ Other
		Side Zii Code				

Case 2:17-bk-10266-ER Doc 11 Filed 01/23/17 Entered 01/24/17 12:08:48 Desc Main Document Page 46 of 67

or 1	Sandra First Name	Guadalupe Middle Name Last Name	Serna	-	Case number (if known)	2:17-bk-10266
Insid corpo agen	<i>ler</i> s include your orations of which	you filed for bankruptcy, did relatives; any general partners; you are an officer, director, per for a business you operate as a and alimony.	relatives of any son in control, o	general partners; prowiner of 20% or	partnerships of whic more of their voting	h you are a general partner; securities; and any managing
1	lo					
☐ Y	es. List all paym	ents to an insider.				
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name			\$	\$	
	· · · · · · · · · · · · · · · · · · ·		_			
	Number Street					
	City	State ZIP Code				
				\$	\$	
	Insider's Name			·		
	Number Street					
	City	State ZIP Code				
an in Includ	sider? de payments on	you filed for bankruptcy, did y debts guaranteed or cosigned b ents that benefited an insider.		ayments or trans Total amount paid	fer any property or Amount you still owe	n account of a debt that benefited Reason for this payment Include creditor's name
				¢	S	
	Insider's Name			Φ	· [•]	
	Number Street					
					!	
	City	State ZIP Code	-			
				\$	_ \$:	
	Insider's Name			\$	\$	
				\$	\$	
	Insider's Name			\$. \$	

Filed 01/23/17 Entered 01/24/17 12:08:48 Case 2:17-bk-10266-ER Doc 11 Page 47 of 67

Main Document Case number (if known) 2:17-bk - 10266 Guadalupe Serna Sandra Debtor 1 Identify Legal Actions, Repossessions, and Foreclosures Part 4: Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☑ No ☐ Yes. Fill in the details. Status of the case Nature of the case Court or agency ✓ Pending Case title Court Name On appeal Concluded Number Street Case number City ZIP Code Pending Court Name Case title On appeal Concluded Number Street Case number ZIP Code City 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. ☐ Yes. Fill in the information below. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied. City State ZIP Code

Creditor's Name

Street

ZIP Code

State

Number

City

mounts from your
Amount
s 7/2.00
fit of
Value
\$
\$
Value
\$
Ψ

Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. List Certain Payments or Transfers Ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone ou consulted about seeking bankruptcy or preparing a bankruptcy petition? clude any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details.	Sandra Guad First Name Middle Name	dalupe Serna Last Name	Case number (if known) 2.14	-bk-10266
No I Yes Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 Date you contributed Charrys haree Size City State ZIP Code Size ZIP Code Size State Cartain Losses (Ithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other easter, or gambling? No I Yes. Fill in the details. Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance class or line \$3 of Schedule ARS. Properly. S List Certain Payments or Transfers (Ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone us consulted about seeking bankruptcy gettion? List Certain Payments or Transfers (Ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone us consulted about seeking bankruptcy petition? List Certain Payments or Transfers (Ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone us consulted about seeking bankruptcy petition? S Date payment or transfer was made Description and value of any property transferred Date payment or transfer was made S City State ZiF Code S Amount of paymenter Sinest S City State ZiF Code				
Number Street City State zip Code Describe what you contributed Date you contributed Chartry's Number Street City State zip Code City State zip Code Describe what you contributed Date you contributed Chartry's Number Street City State zip Code Street Describe what you contributed Date you contributed Chartry's Number Street S S S List Certain Losses Ithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other easater, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any Insurance coverage for the loss include the amount that insurance has pad. List pending insurance claims on line 33 of Schedule ARS. Property. \$ To List Certain Payments or Transfers Ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone us consulted about seeking bankruptcy or preparing a bankruptcy petition? List Certain Payments or Transfers Ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone us consulted about seeking bankruptcy or preparing a bankruptcy petition? Description and value of any property transferred Date payment or transfer was made Description and value of any property transferred Date payment or transfer was made S City State Zip Code S Email or wicele acidese				
No Yes, Fill in the details for each gift or contribution. Gifts or contributions to chartifies that force more than \$600 Date you contributed Charty's harve Sueet City Suite ZiP Cute S List Certain Losses Ithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other seaster, or gambling? No Yes, Fill in the details. Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance class on line 33 of Schedule ASE, Property. S To List Certain Payments or Transfers Ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone us consulted about seeking bankruptcy or preparing a bankruptcy petition? To List Certain Payments or Transfers Ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone us consulted about seeking bankruptcy or preparing a bankruptcy petition? To List Certain Payments or Transfers Ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone us consulted about seeking bankruptcy or preparing a bankruptcy petition? Description and value of any property transferred Date payment or transfer was made Description and value of any property transferred S City State 21F Code S Amount of paymenter before your filed for bankruptcy or since you filed for bankruptcy. Amount of paymenter before your filed for bankruptcy or since you filed for bankruptcy. Amount of paymenter before your filed for bankruptcy or since you filed for bankruptcy. Amount of paymenter before your filed for bankruptcy or since you filed for bankruptcy. Amount of paymenter before your filed for bankruptcy. S Email or webself address	ithin 2 years before you filed for bar	nkruptcy, did you give any gifts or c	ontributions with a total value of more	than \$600 to any charity?
Ves. Fill in the details for each gift or contribution.		. ,, , , , ,		
Charity's Name Charity's Name Charity's Name City State ZIP Code State Zip Code City State Zip Code State Zip Code City State Zip Code State Zip Code State Zip Code State City State Zip Code State Zip Code State City State Zip Code State C		r contribution		
Cherity's Name Size	Yes. Fill in the details for each gift of	r contribution.		
Number Street City State ZIP Code State ZIP Code City State ZIP Code State Certain Losses Ithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other saster, or gambling? No 1 Yes. Fill in the details. Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule ARB: Property. \$ List Certain Payments or Transfers Ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone su consulted about seeking bankruptcy or preparing a bankruptcy petition? clude any atomeys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No 1 No 1 Yes. Fill in the details. Description and value of any property transferred Date payment or transfer was made Street S Samount of payments or Transfers Coty State ZIP Code S S Email or website address		Describe what you contributed		
Number Street City State ZIP Code State ZIP Code City State ZIP Code State Certain Losses Ithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other saster, or gambling? No 1 Yes. Fill in the details. Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule ARB: Property. \$ List Certain Payments or Transfers Ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone su consulted about seeking bankruptcy or preparing a bankruptcy petition? clude any atomeys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No 1 No 1 Yes. Fill in the details. Description and value of any property transferred Date payment or transfer was made Street S Samount of payments or Transfers Coty State ZIP Code S S Email or website address				
Number Street City State ZIP Code State ZIP Code City State ZIP Code State Certain Losses Ithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other saster, or gambling? No 1 Yes. Fill in the details. Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule ARB: Property. \$ List Certain Payments or Transfers Ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone su consulted about seeking bankruptcy or preparing a bankruptcy petition? clude any atomeys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No 1 No 1 Yes. Fill in the details. Description and value of any property transferred Date payment or transfer was made Street S Samount of payments or Transfers Coty State ZIP Code S S Email or website address				
Number Street City Slate ZIP Code	Charity's Name		: :	<u> </u>
Number Street City Slate ZIP Code				
City State ZIP Code State ZIP Code City City City City City City City City		·		
City State ZIP Code State ZIP Code City City City City City City City City				
City State ZIP Code State ZIP Code List Certain Losses Ithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other saster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Date of your loss Include the amount that insurance has paid. List pending insurance loss Include the amount that insurance has paid. List pending insurance loss Include the amount that insurance has paid. List pending insurance loss Include the amount that insurance has paid. List pending insurance loss Include the amount that insurance has paid. List pending insurance loss Include the amount that insurance has paid. List pending insurance loss Include the amount that insurance has paid. List pending insurance loss Include the amount that insurance has paid. List pending insurance loss Include the amount that insurance has paid. List pending insurance loss Include the amount that insurance has paid. List pending insurance loss Include the amount that insurance has paid. List pending insurance loss Include the amount that insurance has paid. List pending insurance Include the amount that insurance has paid. List pending insurance Include the amount that insurance has paid. List pending insurance Include the amount that insurance has paid. List pending insurance Include the amount that insurance has paid. List pending insurance Include the amount that insurance has paid. List pending insurance Include the amount that insurance has paid. List pending insurance Include the amount that insurance has paid. List pending insurance Include the amount that insurance has paid. List pending insurance Include the amount that insurance has paid. List pending insurance Include the amount that insurance has paid. List pending insurance Include the amount that insurance has paid. List pending insurance Include the amount that insurance ha	Number Street		**	
Ithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other saster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. \$ To List Certain Payments or Transfers Ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone su consulted about seeking bankruptcy or preparing a bankruptcy petition? clude any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Description and value of any property transferred Date payment or transfer was made Description and value of any property transferred Number Street S City State ZiP Code Email or webalfs address	Named Street		A CONTRACTOR OF THE CONTRACTOR	
Ithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other saster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. \$ To List Certain Payments or Transfers Ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone su consulted about seeking bankruptcy or preparing a bankruptcy petition? clude any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Description and value of any property transferred Date payment or transfer was made Description and value of any property transferred Number Street S City State ZiP Code Email or webalfs address			1	
Ithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other saater, or gambling? No	City State ZIP Code	 ·		
itithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other saster, or gambling? No				
ithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other saster, or gambling? No 1 Yes. Fill in the details. Describe the property you lost and how the loss occurred Include the amount that insurance has paid. Ust pending insurance claims on line 33 of Schedule A/B: Property. \$ 1. List Certain Payments or Transfers Ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone acconsulted about seeking bankruptcy or preparing a bankruptcy petition? Clude any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No 1 Yes. Fill in the details. Description and value of any property transferred Date payment or transfer was made City State ZIP Code S Amount of payments or transfer was made \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
itithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other saster, or gambling? No 1 Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Date of your loss lost				
No Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule AVB: Property.	6: List Certain Losses			
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. \$				
ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone ou consulted about seeking bankruptcy or preparing a bankruptcy petition? clude any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No I Yes. Fill in the details. Description and value of any property transferred Person Who Was Paid Number Street City State ZIP Code Email or website address	Yes. Fill in the details. Describe the property you lost and	Describe any insurance coverag		
ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone ou consulted about seeking bankruptcy or preparing a bankruptcy petition? clude any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No 1 Yes. Fill in the details. Description and value of any property transferred Person Who Was Paid Number Street City State ZIP Code Email or website address	Yes. Fill in the details. Describe the property you lost and	Include the amount that insurance	has paid. List pending insurance	
ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone ou consulted about seeking bankruptcy or preparing a bankruptcy petition? clude any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No 1 Yes. Fill in the details. Description and value of any property transferred Person Who Was Paid Number Street City State ZIP Code Email or website address	Yes. Fill in the details. Describe the property you lost and	Include the amount that insurance	has paid. List pending insurance	
ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone ou consulted about seeking bankruptcy or preparing a bankruptcy petition? clude any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No I Yes. Fill in the details. Description and value of any property transferred Person Who Was Paid Number Street City State ZIP Code Email or website address	Yes. Fill in the details. Describe the property you lost and	Include the amount that insurance	has paid. List pending insurance	
ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone ou consulted about seeking bankruptcy or preparing a bankruptcy petition? clude any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No 1 Yes. Fill in the details. Description and value of any property transferred Person Who Was Paid Number Street City State ZIP Code Email or website address	Yes. Fill in the details. Describe the property you lost and	Include the amount that insurance	has paid. List pending insurance	
ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone ou consulted about seeking bankruptcy or preparing a bankruptcy petition? clude any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No 1 Yes. Fill in the details. Description and value of any property transferred Person Who Was Paid Number Street City State ZIP Code Email or website address	Yes. Fill in the details. Describe the property you lost and	Include the amount that insurance	has paid. List pending insurance	
clude any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Description and value of any property transferred Number Street City State ZIP Code Email or website address	Yes. Fill in the details. Describe the property you lost and how the loss occurred	Include the amount that insurance claims on line 33 of Schedule A/B:	has paid. List pending insurance	
No No Person Who Was Paid Number Street City State ZIP Code Email or website address Person website address Description preparers, or credit counseling agencies for services required in your bankruptcy. Date payment or transfer was made Amount of payment or transfer was made \$	Yes. Fill in the details. Describe the property you lost and how the loss occurred 7: List Certain Payments or 1	Include the amount that insurance claims on line 33 of Schedule A/B:	has paid. List pending insurance Property.	lost
Person Who Was Paid Number Street City State ZIP Code Date payment or transfer was made Street \$	Yes. Fill in the details. Describe the property you lost and how the loss occurred 7: List Certain Payments or 1 ithin 1 year before you filed for bank	Include the amount that insurance claims on line 33 of <i>Schedule A/B:</i> Fransfers kruptcy, did you or anyone else acti	has paid. List pending insurance Property. Ing on your behalf pay or transfer any p	lost
Person Who Was Paid Number Street City State ZIP Code Date payment or transfer was made State ZIP Code Date payment or transfer was made Street S	Yes. Fill in the details. Describe the property you lost and how the loss occurred 7: List Certain Payments or 1 ithin 1 year before you filed for bank ou consulted about seeking bankrup	Include the amount that insurance claims on line 33 of <i>Schedule A/B</i> : Fransfers kruptcy, did you or anyone else actiontcy or preparing a bankruptcy petiti	has paid. List pending insurance Property. Ing on your behalf pay or transfer any paids.	\$roperty to anyone
Person Who Was Paid Number Street City State ZIP Code Date payment or transfer was made \$	Yes. Fill in the details. Describe the property you lost and how the loss occurred 7: List Certain Payments or Tethin 1 year before you filed for bankruptou consulted about seeking bankrupclude any attorneys, bankruptcy petition	Include the amount that insurance claims on line 33 of <i>Schedule A/B</i> : Fransfers kruptcy, did you or anyone else actiontcy or preparing a bankruptcy petiti	has paid. List pending insurance Property. Ing on your behalf pay or transfer any paids.	\$roperty to anyone
Person Who Was Paid Number Street S City State ZIP Code Email or website address	Yes. Fill in the details. Describe the property you lost and how the loss occurred 7: List Certain Payments or 1 ithin 1 year before you filed for bankou consulted about seeking bankrup clude any attorneys, bankruptcy petition.	Include the amount that insurance claims on line 33 of <i>Schedule A/B</i> : Fransfers kruptcy, did you or anyone else actiontcy or preparing a bankruptcy petiti	has paid. List pending insurance Property. Ing on your behalf pay or transfer any paids.	\$roperty to anyone
Number Street S City State ZIP Code Email or website address	Yes. Fill in the details. Describe the property you lost and how the loss occurred 7: List Certain Payments or 1 ithin 1 year before you filed for bankou consulted about seeking bankrup clude any attorneys, bankruptcy petition.	Include the amount that insurance claims on line 33 of <i>Schedule A/B</i> : Fransfers kruptcy, did you or anyone else actiontcy or preparing a bankruptcy petiti	has paid. List pending insurance Property. Ing on your behalf pay or transfer any paids.	\$roperty to anyone
City State ZIP Code Email or website address	Yes. Fill in the details. Describe the property you lost and how the loss occurred 7: List Certain Payments or 1 ithin 1 year before you filed for bankou consulted about seeking bankrup clude any attorneys, bankruptcy petition.	Include the amount that insurance claims on line 33 of Schedule A/B: Fransfers kruptcy, did you or anyone else activately or preparing a bankruptcy petition preparers, or credit counseling agent	has paid. List pending insurance Property. Ing on your behalf pay or transfer any paid on? Incies for services required in your bankrup Date payr transfer or	roperty to anyone stcy.
City State ZIP Code Email or website address	7: List Certain Payments or Tithin 1 year before you filed for bankruptcude any attorneys, bankruptcy petition No Yes. Fill in the details.	Include the amount that insurance claims on line 33 of Schedule A/B: Fransfers kruptcy, did you or anyone else activately or preparing a bankruptcy petition preparers, or credit counseling agent	has paid. List pending insurance Property. Ing on your behalf pay or transfer any paid on? Incies for services required in your bankrup Date payr transfer or	roperty to anyone stcy.
Email or website address	Person Who Was Paid Describe the property you lost and how the loss occurred T: List Certain Payments or Tithin 1 year before you filed for bankruptu consulted about seeking bankruptude any attorneys, bankruptcy petition	Include the amount that insurance claims on line 33 of Schedule A/B: Fransfers kruptcy, did you or anyone else activately or preparing a bankruptcy petition preparers, or credit counseling agent	has paid. List pending insurance Property. Ing on your behalf pay or transfer any paid on? Incies for services required in your bankrup Date payr transfer or	roperty to anyone stcy.
Email or website address	Person Who Was Paid Describe the property you lost and how the loss occurred T: List Certain Payments or Tithin 1 year before you filed for bankruptu consulted about seeking bankruptude any attorneys, bankruptcy petition	Include the amount that insurance claims on line 33 of Schedule A/B: Fransfers kruptcy, did you or anyone else activately or preparing a bankruptcy petition preparers, or credit counseling agent	has paid. List pending insurance Property. Ing on your behalf pay or transfer any paid on? Incies for services required in your bankrup Date payr transfer or	roperty to anyone stcy.
Email or website address	Person Who Was Paid Describe the property you lost and how the loss occurred T: List Certain Payments or Tithin 1 year before you filed for bankruptu consulted about seeking bankruptude any attorneys, bankruptcy petition	Include the amount that insurance claims on line 33 of Schedule A/B: Fransfers kruptcy, did you or anyone else activately or preparing a bankruptcy petition preparers, or credit counseling agent	has paid. List pending insurance Property. Ing on your behalf pay or transfer any paid on? Incies for services required in your bankrup Date payr transfer or	roperty to anyone stcy.
Email or website address	Person Who Was Paid Describe the property you lost and how the loss occurred T: List Certain Payments or Tithin 1 year before you filed for bankruptu consulted about seeking bankruptude any attorneys, bankruptcy petition	Include the amount that insurance claims on line 33 of Schedule A/B: Fransfers kruptcy, did you or anyone else activately or preparing a bankruptcy petition preparers, or credit counseling agent	has paid. List pending insurance Property. Ing on your behalf pay or transfer any paid on? Incies for services required in your bankrup Date payr transfer or	roperty to anyone stcy.
	7: List Certain Payments or 1 ithin 1 year before you filed for bankou consulted about seeking bankrup clude any attorneys, bankruptcy petition. No Yes. Fill in the details. Person Who Was Paid Number Street	Include the amount that insurance claims on line 33 of Schedule A/B: Fransfers kruptcy, did you or anyone else activately or preparing a bankruptcy petition preparers, or credit counseling agent	has paid. List pending insurance Property. Ing on your behalf pay or transfer any paid on? Incies for services required in your bankrup Date payr transfer or	roperty to anyone stcy.
	7: List Certain Payments or 1 ithin 1 year before you filed for bankou consulted about seeking bankrup clude any attorneys, bankruptcy petition. No Yes. Fill in the details. Person Who Was Paid Number Street	Include the amount that insurance claims on line 33 of Schedule A/B: Fransfers kruptcy, did you or anyone else activately or preparing a bankruptcy petition preparers, or credit counseling agent	has paid. List pending insurance Property. Ing on your behalf pay or transfer any paid on? Incies for services required in your bankrup Date payr transfer or	roperty to anyone stcy.
Person Who Made the Payment if Not You	Person Who Was Paid Number Street Describe the property you lost and how the loss occurred T: List Certain Payments or Telephone to consulted about seeking bankrup clude any attorneys, bankruptcy petition of Yes. Fill in the details. Person Who Was Paid Number Street	Include the amount that insurance claims on line 33 of Schedule A/B: Fransfers kruptcy, did you or anyone else activately or preparing a bankruptcy petition preparers, or credit counseling agent	has paid. List pending insurance Property. Ing on your behalf pay or transfer any paid on? Incies for services required in your bankrup Date payr transfer or	roperty to anyone stcy.
	Person Who Was Paid Number Street Describe the property you lost and how the loss occurred T: List Certain Payments or Telephone to consulted about seeking bankrup clude any attorneys, bankruptcy petition of Yes. Fill in the details. Person Who Was Paid Number Street	Include the amount that insurance claims on line 33 of Schedule A/B: Fransfers kruptcy, did you or anyone else activately or preparing a bankruptcy petition preparers, or credit counseling agent	has paid. List pending insurance Property. Ing on your behalf pay or transfer any paid on? Incies for services required in your bankrup Date payr transfer or	roperty to anyone stcy.

	Sandra Guadalu		Case number (if known)	2:17-bK	1000
	First Name Middle Name Las	st Name			
		Description and value of any propert	y transferred	Date payment or transfer was made	Amount of payment
				in the second se	
	Person Who Was Paid	1		s	\$
	Number Street	- i		s man a company	
		_			\$
	City State ZIP Code				
	Email or website address	—			
	Person Who Made the Payment, if Not You	:		STATE OF THE STATE	
	No Yes. Fill in the details.				
		Description and value of any proper	ty transferred	Date payment or transfer was	Amount of payme
	Person Who Was Paid	production and the control of the co	The second secon	made	
	Number Street			:	\$
	Number Street				
	Number Officer			Office Course	_
					\$
	City State ZIP Code		se transfer any property	to anyone, other tha	\$an property
rai nci 09	City State ZIP Code	ir business or financial affairs? smade as security (such as the grantin ave already listed on this statement. Description and value of property	g of a security interest or r Describe any property	nortgage on your pro	operty).
rai nci 09	City State ZIP Code within 2 years before you filed for bankru insferred in the ordinary course of you lude both outright transfers and transfers not include gifts and transfers that you h No Yes. Fill in the details.	r business or financial affairs? smade as security (such as the grantin ave already listed on this statement.	g of a security interest or r Describe any property or debts paid in excha	nortgage on your pro	pperty).
rai nci 09	City State ZIP Code within 2 years before you filed for bankru insferred in the ordinary course of you lude both outright transfers and transfers not include gifts and transfers that you h	ir business or financial affairs? smade as security (such as the grantin ave already listed on this statement. Description and value of property	g of a security interest or r Describe any property	nortgage on your pro	operty).
rai nci	City State ZIP Code within 2 years before you filed for bankru insferred in the ordinary course of you lude both outright transfers and transfers not include gifts and transfers that you h No Yes. Fill in the details.	ir business or financial affairs? smade as security (such as the grantin ave already listed on this statement. Description and value of property	g of a security interest or r Describe any property or debts paid in excha	nortgage on your pro	operty).
rai nci	City State ZIP Code chin 2 years before you filed for bankru nsferred in the ordinary course of you lude both outright transfers and transfers not include gifts and transfers that you h No Yes. Fill in the details.	ir business or financial affairs? smade as security (such as the grantin ave already listed on this statement. Description and value of property	g of a security interest or r Describe any property or debts paid in excha	nortgage on your pro	operty).
rai nci 09	City State ZIP Code thin 2 years before you filed for bankru nsferred in the ordinary course of you lude both outright transfers and transfers not include gifts and transfers that you h No Yes. Fill in the details. Person Who Received Transfer Number Street	ir business or financial affairs? smade as security (such as the grantin ave already listed on this statement. Description and value of property	g of a security interest or r Describe any property or debts paid in excha	nortgage on your pro	operty).
t rai Incl	City State ZIP Code thin 2 years before you filed for bankru insferred in the ordinary course of you lude both outright transfers and transfers not include gifts and transfers that you h No Yes, Fill in the details. Person Who Received Transfer Number Street City State ZIP Code	ir business or financial affairs? smade as security (such as the grantin ave already listed on this statement. Description and value of property	g of a security interest or r Describe any property or debts paid in excha	nortgage on your pro	operty).
rai nci 09	City State ZIP Code thin 2 years before you filed for bankru insferred in the ordinary course of you lude both outright transfers and transfers not include gifts and transfers that you h No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you	ir business or financial affairs? smade as security (such as the grantin ave already listed on this statement. Description and value of property	g of a security interest or r Describe any property or debts paid in excha	nortgage on your pro	operty).
irai Inci Do	City State ZIP Code thin 2 years before you filed for bankru insferred in the ordinary course of you lude both outright transfers and transfers not include gifts and transfers that you h No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you Person Who Received Transfer	ir business or financial affairs? smade as security (such as the grantin ave already listed on this statement. Description and value of property	g of a security interest or r Describe any property or debts paid in excha	nortgage on your pro	operty).

Name of trust City State ZIP Code	ents, Safe Deposit	erty transferred t Boxes, and Storag or instruments held in	e Units your name, or for your	Date transfer was made
are a beneficiary? (These are often called asset-protection No Yes. Fill in the details. Description Name of trust Name of tru	ents, Safe Depositive financial accounts; certiciations, and other financial accounts.	erty transferred t Boxes, and Storag or instruments held in tificates of deposit; sha nancial institutions. Type of account or instrument	e Units your name, or for your ares in banks, credit un Date account was closed, sold, moved,	Date transfer was made benefit, ions,
Name of trust Name of trust	ents, Safe Deposit financial accounts cancial accounts; cert ciations, and other fin	t Boxes, and Storag or instruments held in tificates of deposit; sha nancial institutions. Type of account or instrument Checking	e Units your name, or for your ares in banks, credit un Date account was closed, sold, moved,	was made benefit, ions,
Name of trust List Certain Financial Accounts, Instrume Within 1 year before you filed for bankruptcy, were any closed, sold, moved, or transferred? Include checking, savings, money market, or other finishrokerage houses, pension funds, cooperatives, associ No Yes. Fill in the details. Last 4 dig Name of Financial Institution Number Street City State ZIP Code XXXX— Number Street City State ZIP Code	ents, Safe Deposit financial accounts cancial accounts; cert ciations, and other fin	t Boxes, and Storag or instruments held in tificates of deposit; sha nancial institutions. Type of account or instrument Checking	e Units your name, or for your ares in banks, credit un Date account was closed, sold, moved,	was made benefit, ions,
Name of trust List Certain Financial Accounts, instrume Within 1 year before you filed for bankruptcy, were any closed, sold, moved, or transferred? Include checking, savings, money market, or other fina brokerage houses, pension funds, cooperatives, associated No Yes. Fill in the details. Last 4 dig Name of Financial Institution Number Street City State ZIP Code XXXX— Number Street City State ZIP Code	ents, Safe Deposit financial accounts cancial accounts; cert ciations, and other fin	t Boxes, and Storag or instruments held in tificates of deposit; sha nancial institutions. Type of account or instrument Checking	e Units your name, or for your ares in banks, credit un Date account was closed, sold, moved,	was made benefit, ions,
Art 8: List Certain Financial Accounts, Instrume D. Within 1 year before you filed for bankruptcy, were any closed, sold, moved, or transferred? Include checking, savings, money market, or other final brokerage houses, pension funds, cooperatives, associ No Yes. Fill in the details. Last 4 dig Name of Financial Institution XXXX— Number Street City State ZIP Code XXXX— Number Street City State ZIP Code 1. Do you now have, or did you have within 1 year before securities, cash, or other valuables?	r financial accounts of ancial accounts; cert ciations, and other file of account number	t Boxes, and Storag or instruments held in tificates of deposit; sha nancial institutions. Type of account or instrument Checking	e Units your name, or for your ares in banks, credit un Date account was closed, sold, moved,	ions, Last balance befo
No □ Yes. Fill in the details. Name of Financial Institution Number Street City State ZIP Code List Certain Financial Accounts, Instrumed. Within 1 year before you filed for bankruptcy, were any closed, sold, moved, or transferred? Include checking, savings, money market, or other financial brokerage houses, pension funds, cooperatives, associated in the details. Last 4 dig XXXX	r financial accounts of ancial accounts; cert ciations, and other file of account number	or instruments held in tificates of deposit; sha nancial institutions. Type of account or instrument Checking	your name, or for your ares in banks, credit un Date account was closed, sold, moved,	ions, Last balance befo
Within 1 year before you filed for bankruptcy, were any closed, sold, moved, or transferred? Include checking, savings, money market, or other finishrokerage houses, pension funds, cooperatives, associ No Yes. Fill in the details. Last 4 dig Name of Financial Institution XXXX	r financial accounts of ancial accounts; cert ciations, and other file of account number	or instruments held in tificates of deposit; sha nancial institutions. Type of account or instrument Checking	your name, or for your ares in banks, credit un Date account was closed, sold, moved,	ions, Last balance befo
Within 1 year before you filed for bankruptcy, were any closed, sold, moved, or transferred? Include checking, savings, money market, or other finishrokerage houses, pension funds, cooperatives, associ No Yes. Fill in the details. Last 4 dig Name of Financial Institution XXXX	r financial accounts of ancial accounts; cert ciations, and other file of account number	or instruments held in tificates of deposit; sha nancial institutions. Type of account or instrument Checking	your name, or for your ares in banks, credit un Date account was closed, sold, moved,	ions, Last balance befo
Nwithin 1 year before you filed for bankruptcy, were any closed, sold, moved, or transferred? Include checking, savings, money market, or other fine brokerage houses, pension funds, cooperatives, associated No Yes. Fill in the details. Last 4 dig Name of Financial Institution XXXX— Number Street City State ZIP Code XXXX— Number Street City State ZIP Code Do you now have, or did you have within 1 year before securities, cash, or other valuables?	r financial accounts of ancial accounts; cert ciations, and other file of account number	or instruments held in tificates of deposit; sha nancial institutions. Type of account or instrument Checking	your name, or for your ares in banks, credit un Date account was closed, sold, moved,	ions, Last balance befo
Nwithin 1 year before you filed for bankruptcy, were any closed, sold, moved, or transferred? Include checking, savings, money market, or other fine brokerage houses, pension funds, cooperatives, associated No Yes. Fill in the details. Last 4 dig Name of Financial Institution XXXX— Number Street City State ZIP Code XXXX— Number Street City State ZIP Code Do you now have, or did you have within 1 year before securities, cash, or other valuables?	r financial accounts of ancial accounts; cert ciations, and other file of account number	or instruments held in tificates of deposit; sha nancial institutions. Type of account or instrument Checking	your name, or for your ares in banks, credit un Date account was closed, sold, moved,	ions, Last balance befo
Name of Financial Institution Number Street		instrument Checking	closed, sold, moved,	
Number Street City State ZIP Code XXXX Name of Financial Institution Number Street City State ZIP Code Do you now have, or did you have within 1 year before securities, cash, or other valuables?		instrument Checking	closed, sold, moved,	
Number Street City State ZIP Code XXXX Name of Financial Institution Number Street City State ZIP Code Do you now have, or did you have within 1 year before securities, cash, or other valuables?		*	-	\$
Number Street City State ZIP Code XXXX Name of Financial Institution Number Street City State ZIP Code Do you now have, or did you have within 1 year before securities, cash, or other valuables?		*		\$
City State ZIP Code XXXX— Name of Financial institution Number Street City State ZIP Code Do you now have, or did you have within 1 year before securities, cash, or other valuables?		■ Savings		
Name of Financial Institution Number Street City State ZIP Code Do you now have, or did you have within 1 year before securities, cash, or other valuables?				
Name of Financial Institution Number Street City State ZIP Code Do you now have, or did you have within 1 year before securities, cash, or other valuables?	-	Money market		
Name of Financial Institution Number Street City State ZIP Code Do you now have, or did you have within 1 year before securities, cash, or other valuables?		☐ Brokerage		
Name of Financial Institution Number Street City State ZIP Code Do you now have, or did you have within 1 year before securities, cash, or other valuables?		Other		
Number Street City State ZIP Code Do you now have, or did you have within 1 year before securities, cash, or other valuables?		☐ Checking		\$
City State ZIP Code Do you now have, or did you have within 1 year before securities, cash, or other valuables?		☐ Savings		
. Do you now have, or did you have within 1 year before securities, cash, or other valuables?		☐ Money market		
Do you now have, or did you have within 1 year before securities, cash, or other valuables?		☐ Brokerage		
. Do you now have, or did you have within 1 year before securities, cash, or other valuables?		☐ Other		
securities, cash, or other valuables?				
✓ No ☐ Yes. Fill in the details.	you filed for bankru	ptcy, any safe deposit	box or other depository	[,] for
			o contente	Do you sti
	had access to it?	Describe th		have it?
Name of Financial Institution Name	had access to it?	Describe th	e contents	□ No
Number Street Number St	had access to it?	Describe th	e contents	·
City		Describe th	a contents	□ No

btor 1	Sandra First Name Middle Name	Guadalupe Last Name	Serna	·	Case number (if k	nown) 217	-6K - 10	a by
2 No		storage unit or p	lace other than you	ur home withi	า 1 year before you	ม filed for bankr	ruptcy?	
∐ Ye	es. Fill in the details.	·V	Vho else has or had a	ccess to it?	Describe t	the contents		Do you st
						T THIS HILL I LEAD TO THE STATE OF THE STATE		□ No
	Name of Storage Facility	N	lame					☐ Yes
·	Number Street		lumber Street		:			
			ityState ZIP Code					
	City State	ZIP Code						
or ho					perty you borrowe	d from, are stor	ring for,	
⊔ Y	es. Fill in the details.	w	here is the property?		Describe t	he property		Value
		•••	note is the property?		Describe	ite property		value
								\$
ī	Owner's Name							· — — — — — — — — — — — — — — — — — — —
	Owner's Name	Nun	nber Street					
		Nur	nber Street					
i		Nun Nun ZIP Code		State ZIP Co	rde			·
i -	Number Street City State	ZIP Code City	,	State ZIP Co	ide			
rt 10	Number Street City State Give Details Abou	ZIP Code City	tal Information	State ZIP Co	nde -	· - · •/·		
rt 10 the p Envir hazar	Number Street City State	ZIP Code ut Environment ellowing definition of federal, state, on s, wastes, or ma	tal Information ns apply: r local statute or re terial into the air, la	egulation conc	erning pollution, cace water, grounds	water, or other r	releases of nedium,	
t 10 the p Envir hazar includ	City State Give Details About Durpose of Part 10, the for commental law means any redous or toxic substance ding statutes or regulation means any location, facility	ZIP Code ut Environment ellowing definition of federal, state, or s, wastes, or mains controlling the	tal Information ns apply: r local statute or re terial into the air, la ne cleanup of these s defined under an	egulation conc and, soil, surfi e substances, y environmen	erning pollution, c ace water, ground wastes, or materia	water, or other r	medium,	
the period of th	City State Give Details About Durpose of Part 10, the for commental law means any redous or toxic substanceding statutes or regulation means any location, facilitie it or used to own, operation.	ZIP Code ut Environment ellowing definition of federal, state, or s, wastes, or mains controlling the	tal Information ns apply: r local statute or re terial into the air, la ne cleanup of these s defined under any	egulation conc and, soil, surfa e substances, y environmen sites.	erning pollution, c ace water, grounds wastes, or materia tal law, whether yo	water, or other r il. ou now own, op	medium, erate, or	
the period	City State Give Details About Durpose of Part 10, the for commental law means any redous or toxic substance ding statutes or regulation means any location, facility	ZIP Code ut Environment ellowing definition of federal, state, on s, wastes, or mailons controlling the dity, or property as ate, or utilize it, in ything an environ	tal Information ns apply: r local statute or re terial into the air, la ne cleanup of these s defined under any ncluding disposal s	egulation conc and, soil, surfa e substances, y environmen sites. s as a hazard	erning pollution, c ace water, grounds wastes, or materia tal law, whether yo	water, or other r il. ou now own, op	medium, erate, or	
the period the period to the p	City State Give Details About Durpose of Part 10, the force on the commental law means any redous or toxic substance ding statutes or regulation means any location, facility it or used to own, operated our material means any redous material means any	ZIP Code Let Environment Allowing definition of ederal, state, or s, wastes, or mail ons controlling the ity, or property as ate, or utilize it, in ything an environ al, pollutant, cont	tal Information ns apply: r local statute or re terial into the air, la ne cleanup of these s defined under any ncluding disposal s nmental law define taminant, or similar	egulation conc and, soil, surfi e substances, y environmen sites. s as a hazardo r term.	erning pollution, cace water, grounds wastes, or materia tal law, whether yo ous waste, hazardo	water, or other r il. ou now own, op ous substance,	medium, erate, or	
rt 10 r the p Envir hazar includ Site n utilize Hazar subst	Give Details About the following statutes or regulation means any location, facilitie it or used to own, operations and material means any location, the following statutes or regulation means any location, facilitie it or used to own, operations material means any location, activities it or used to own, operations material means any location, hazardous material	ZIP Code Let Environment Illowing definition of federal, state, or s, wastes, or mains controlling the ity, or property as ate, or utilize it, in ything an environ al, pollutant, cont proceedings that	tal Information ns apply: r local statute or re terial into the air, la ne cleanup of these s defined under any ncluding disposal s nmental law define taminant, or similar	egulation conc and, soil, surfice substances, y environment sites. s as a hazardo r term.	erning pollution, on ace water, grounds wastes, or materia tal law, whether you ous waste, hazardo	water, or other rall. ou now own, opeous substance, d.	medium, erate, or toxic	w?
r the period of	Give Details About Durpose of Part 10, the for commental law means any rous or toxic substanceding statutes or regulation means any location, facilitie it or used to own, operations material means any lance, hazardous material II notices, releases, and purpose of the commental unit not unit not the commental unit not unit unit unit not unit unit not unit unit unit unit unit unit unit uni	ZIP Code Let Environment Illowing definition of federal, state, or s, wastes, or mains controlling the ity, or property as ate, or utilize it, in ything an environ al, pollutant, cont proceedings that	tal Information ns apply: r local statute or re terial into the air, la ne cleanup of these s defined under any ncluding disposal s nmental law define taminant, or similar	egulation conc and, soil, surfice substances, y environment sites. s as a hazardo r term.	erning pollution, on ace water, grounds wastes, or materia tal law, whether you ous waste, hazardo	water, or other rall. ou now own, opeous substance, d.	medium, erate, or toxic	w?
r the p Envir hazar includ Site n utilize Hazar subst port a Has a	Give Details About the following statutes or regulation means any location, facilitie it or used to own, operations and material means any location, the it or used to own, operations, hazardous material means and provided in the items of t	ZIP Code ut Environment ellowing definition of federal, state, or s, wastes, or mains controlling the ity, or property as ate, or utilize it, in ything an environ al, pollutant, conte	tal Information ns apply: r local statute or re terial into the air, la ne cleanup of these s defined under any ncluding disposal s nmental law define taminant, or similar	egulation cond and, soil, surfice substances, y environment sites. s as a hazardor r term. regardless of t	erning pollution, on ace water, grounds wastes, or materia tal law, whether you ous waste, hazardo	water, or other r il. ou now own, ope ous substance, d.	medium, erate, or toxic ironmental la	w?
rt 10 r the p Envir hazar inclus Site n utilize Hazar subst port a Has a	Give Details About the following statutes or regulation means any location, facilitie it or used to own, operations and material means any location, the it or used to own, operations, hazardous material means and provided in the items of t	ZIP Code ut Environment ellowing definition of federal, state, or s, wastes, or mains controlling the ity, or property as ate, or utilize it, in ything an environ al, pollutant, conte	tal Information ns apply: r local statute or re terial into the air, la ne cleanup of these s defined under any ncluding disposal s nmental law define taminant, or similar t you know about, r u may be liable or p	egulation cond and, soil, surfice substances, y environment sites. s as a hazardor r term. regardless of t	erning pollution, on ace water, grounds wastes, or material al law, whether you ous waste, hazardo when they occurre tole under or in viol	water, or other r il. ou now own, ope ous substance, d.	medium, erate, or toxic ironmental la	
rt 10 r the present the presen	Give Details About the following statutes or regulation means any location, facilitie it or used to own, operations and material means any location, the it or used to own, operations, hazardous material means and provided in the items of t	ZIP Code ut Environment ellowing definition of federal, state, or s, wastes, or mailons controlling the sty, or property as ate, or utilize it, in ything an environ al, pollutant, continuous proceedings that tified you that yo Go	tal Information ns apply: r local statute or re terial into the air, la ne cleanup of these s defined under any ncluding disposal s nmental law define taminant, or similar t you know about, r u may be liable or p	egulation cond and, soil, surfice substances, y environment sites. s as a hazardor r term. regardless of t	erning pollution, on ace water, grounds wastes, or material al law, whether you ous waste, hazardo when they occurre tole under or in viol	water, or other r il. ou now own, ope ous substance, d.	medium, erate, or toxic ironmental la	
or the property included Site in utilized Hazari substitution of the port and Hasari National	Give Details About the commental law means any reduces or regulation means any location, facilities it or used to own, operations, hazardous material means and provided in the commental law means and provided in the commental law material means and provided in the commental law material law governmental unit not be seen as the commental law material law governmental unit not be seen. Fill in the details.	ZIP Code Let Environment Illowing definition of federal, state, or s, wastes, or mailons controlling the ity, or property as ate, or utilize it, in ything an environ al, pollutant, continuous proceedings that tified you that yo Gov	tal Information ns apply: r local statute or re terial into the air, la ne cleanup of these s defined under any ncluding disposal s nmental law define taminant, or similar t you know about, r u may be liable or p	egulation cond and, soil, surfice substances, y environment sites. s as a hazardor r term. regardless of t	erning pollution, on ace water, grounds wastes, or material al law, whether you ous waste, hazardo when they occurre tole under or in viol	water, or other r il. ou now own, ope ous substance, d.	medium, erate, or toxic ironmental la	

1 Sandra First Name	Guadalup Middle Name Last N		Case number (#.	known) 2:17-6k	-10266
	/ governmental unit of	any release of hazardous mate	erial?		
1 No					
Yes. Fill in the de	tails.				
		Governmental unit	Environmental law, i	if you know it	Date of notice
					# # #
Name of site		Governmental unit	— ·		
Number Street					
Number Street		Number Street			
			_		
		City State ZIP Code			
City	State ZIP Code				
ve you been a part	y in any judicial or adr	ministrative proceeding under a	ıny environmental law	? Include settlements	and orders.
No					
Yes. Fill in the det	faile				
r res. i iii iii tile dei	ialis.				Status of the
		Court or agency	Nature of the ca	ase	case
Case title					
0000 1100		Court Name			☐ Pending
					On appe
		Number Street	·		☐ Conclud
					Conclud
Case number		City State ZIP C			
11: Give Deta	ille About Your Bue	iness or Connections to An	v Rueinaee		
		tcy, did you own a business or			y business?
		n a trade, profession, or other a		or part-time	
		any (LLC) or limited liability par	rtnership (LLP)		
A partner in a					
	ector, or managing exe	acutive of a corporation			
		•			
☐ An owner of at	t least 5% of the voting	g or equity securities of a corpo	oration		
_		g or equity securities of a corpo	oration		
No. None of the al	bove applies. Go to Pa	g or equity securities of a corpo			
No. None of the al	bove applies. Go to Pa	g or equity securities of a corpo	ısiness.	Employer Identification n	umber
No. None of the all Yes. Check all tha	bove applies. Go to Pa	g or equity securities of a corpo art 12. in the details below for each bu	isiness. ess E	Employer Identification n Do not include Social Sec	
No. None of the al	bove applies. Go to Pa	g or equity securities of a corpo art 12. in the details below for each bu	isiness. ess E		
No. None of the all Yes. Check all tha	bove applies. Go to Pa	g or equity securities of a corpo art 12. in the details below for each bu	usiness. ess E		urity number or ITIN.
No. None of the all Yes. Check all tha	bove applies. Go to Pa	g or equity securities of a corpo ert 12. in the details below for each bu Describe the nature of the busine	usiness. ess E C	Do not include Social Sec	urity number or ITIN.
No. None of the all Yes. Check all tha Business Name	bove applies. Go to Pa	g or equity securities of a corpo art 12. in the details below for each bu	usiness. ess E C	Do not include Social Sec	urity number or ITIN.
No. None of the all Yes. Check all tha Business Name	bove applies. Go to Pa	g or equity securities of a corpo ert 12. in the details below for each bu Describe the nature of the busine	osiness. Sess E C Ser C	Do not include Social Sec EIN: Dates business existed	urity number or ITIN.
No. None of the all Yes. Check all tha Business Name	bove applies. Go to Pa at apply above and fill i	g or equity securities of a corpo ert 12. in the details below for each bu Describe the nature of the busine	osiness. Sess E C Ser C	Do not include Social Sec	urity number or ITIN.
No. None of the all Yes. Check all tha	bove applies. Go to Pa	g or equity securities of a corporate 12. In the details below for each bu Describe the nature of the busing	isiness. ess E C Der C	Do not include Social Sec EIN: Dates business existed From To _	urity number or ITIN.
No. None of the all Yes. Check all tha Business Name	bove applies. Go to Pa at apply above and fill i	g or equity securities of a corpo ert 12. in the details below for each bu Describe the nature of the busine	ess E	Do not include Social Sec EIN: Dates business existed From To _ Employer Identification no	urity number or ITIN.
No. None of the all Yes. Check all tha Business Name	bove applies. Go to Pa at apply above and fill i	g or equity securities of a corporate 12. In the details below for each bu Describe the nature of the busing	ess E	Do not include Social Sec EIN: Dates business existed From To _	urity number or ITIN.
No. None of the all Yes. Check all that Business Name Number Street	bove applies. Go to Pa at apply above and fill i	g or equity securities of a corporate 12. In the details below for each bu Describe the nature of the busing	ess E	Do not include Social Sec EIN: Dates business existed From To _ Employer Identification not include Social Sec	urity number or ITIN. umber urity number or ITIN.
No. None of the all Yes. Check all tha Business Name Number Street	bove applies. Go to Pa at apply above and fill i	g or equity securities of a corporate 12. In the details below for each bu Describe the nature of the busing	ess E	Do not include Social Sec EIN: Dates business existed From To _ Employer Identification no	urity number or ITIN. umber urity number or ITIN.
No. None of the all Yes. Check all tha Business Name Number Street City Business Name	bove applies. Go to Pa at apply above and fill i	g or equity securities of a corporate 12. In the details below for each bu Describe the nature of the busing	ess E	Do not include Social Sec EIN: Dates business existed From To _ Employer Identification not include Social Sec	urity number or ITIN. umber urity number or ITIN.
No. None of the all Yes. Check all that Business Name Number Street City Business Name	bove applies. Go to Pa at apply above and fill i	g or equity securities of a corporat 12. In the details below for each bu Describe the nature of the busine Name of accountant or bookkeep	ess E	Do not include Social Sec EIN: Dates business existed From To _ Employer Identification not include Social Sec EIN:	urity number or ITIN. umber urity number or ITIN.
No. None of the all Yes. Check all that Business Name Number Street City Business Name	bove applies. Go to Pa at apply above and fill i	g or equity securities of a corporat 12. In the details below for each bu Describe the nature of the busine Name of accountant or bookkeep	per C	Do not include Social Sec EIN: Dates business existed From To _ Employer Identification no not include Social Sec EIN: Dates business existed	urity number or ITIN. umber urity number or ITIN.

1 Sanura First Name	Middle Name Last Name	Serna Cas	se number (if known) 2:17-blk -10266
		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name	."		EIN:
Number Street		Name of accountant or bookkeeper	Dates business existed
			From To
City	State ZIP Code	· · · · · · · · · · · · · · · · · · ·	
Vithin 2 years befor	e you filed for bankruptcy	, did you give a financial statement to a	nyone about your business? Include all financial
nstitutions, creditor 1 No	rs, or other parties.		
Yes. Fill in the de	etails below.		
	I	Date issued	
Name		MM / DD / YYYY	
Number Street			
City	State ZIP Code		
I have read the ans answers are true a in connection with	swers on this Statement o and correct. I understand t	f Financial Affairs and any attachments hat making a false statement, concealing sult in fines up to \$250,000, or imprison	s, and I declare under penalty of perjury that the ng property, or obtaining money or property by fraud nment for up to 20 years, or both.
I have read the ans answers are true a in connection with	swers on this Statement o	hat making a false statement, concealing its in fines up to \$250,000, or imprisor	nd broberty, or obtaining money or property by made
I have read the ans answers are true a in connection with 18 U.S.C. §§ 152, 1	swers on this Statement of and correct. I understand to a bankruptcy case can reliate, 1519, and 3571.	hat making a false statement, concealing sult in fines up to \$250,000, or imprisor	nd broberty, or obtaining money or property by made
I have read the ans answers are true a in connection with 18 U.S.C. §§ 152, 1	swers on this Statement of and correct. I understand to a bankruptcy case can reliate, 1519, and 3571.	hat making a false statement, concealing suit in fines up to \$250,000, or imprison to \$250,000.	nd broberty, or obtaining money or property by made
I have read the ans answers are true a in connection with 18 U.S.C. §§ 152, 1 Signature of Debu	swers on this Statement of and correct. I understand to a bankruptcy case can reliate, 1341, 1519, and 3571.	hat making a false statement, concealing suit in fines up to \$250,000, or imprison suit in fines up to \$250,000 and imprison suit in fines up to \$250,000 an	nment for up to 20 years, or both.
I have read the ans answers are true a in connection with 18 U.S.C. §§ 152, 1 Signature of Debu	swers on this Statement of and correct. I understand to a bankruptcy case can reliate, 1341, 1519, and 3571.	hat making a false statement, concealing suit in fines up to \$250,000, or imprison suit in fines up to \$250,000 and imprison suit in fines up to \$250,000 an	nd broberty, or obtaining money or property by made
I have read the ans answers are true a in connection with 18 U.S.C. §§ 152, 1 Signature of Debt Date 123 Did you attach add	swers on this Statement of and correct. I understand to a bankruptcy case can reliate, 1341, 1519, and 3571.	hat making a false statement, concealing suit in fines up to \$250,000, or imprison suit in fines up to \$250,000 and imprison suit in fines up to \$250,000 an	nment for up to 20 years, or both.

Fill in this in	formation to identify	your case:	
Debtor 1	Sandra	Guadalupe	Serna
Deproi	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Central District of C	California
Case number	2:17-bk-10266		
(If known)			

Check one box only as directed in this form and in Form 22A-1Supp:
☑ 1. There is no presumption of abuse.
 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 22A–2).
 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

OFFICIAL FORM B 22A1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 22A-1Supp) with this form.

a	art 1: Calculate Your Current Monthly Income				_
١.	What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filing with you. Fill out b	ooth Columns A and B, lines 2-1	1.		
	 ■ Married and your spouse is NOT filing with you. You ■ Living in the same household and are not legal ■ Living separately or are legally separated. Fill of 	Ily separated. Fill out both Column A. lines 2-11: do not	fill out Column B. E	By checking this box, you declare	_
	under penalty of perjury that you and your spouse are living apart for reasons that do not include eva Fill in the average monthly income that you received fr case. 11 U.S.C. § 101(10A). For example, if you are filing amount of your monthly income varied during the 6 months include any income amount more than once. For example,	e are legally separated under no ading the Means Test requirement rom all sources, derived during on September 15, the 6-month	nbankruptcy law the ints. 11 U.S.C. § 70 g the 6 full months period would be Ma ns and divide the to	r (applies of that you and your spous 7(b)(7)(B). s before you file this bankruptcy rch 1 through August 31. If the tal by 6. Fill in the result. Do not	
	one column only. If you have nothing to report for any line,	write \$0 in the space.	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, and payroll deductions).	d commissions (before all	\$ <u>1,087.00</u>	\$ <u>2,600.00</u>	
	Alimony and maintenance payments. Do not include par Column B is filled in.		\$ <u>0.00</u>	\$ 0.00	
4.	All amounts from any source which are regularly paid of you or your dependents, including child support. Inform an unmarried partner, members of your household, yand roommates. Include regular contributions from a spoufilled in. Do not include payments you listed on line 3.	clude regular contributions our dependents, parents,	\$ <u>0.00</u>	\$ <u>0.00</u>	
5.	Net income from operating a business, profession, or Gross receipts (before all deductions) Ordinary and necessary operating expenses Net monthly income from a business, profession, or farm	farm \$ 0.00 - \$ 0.00 \$ 0.00 Copy here→	\$ <u>0.00</u>	<u>\$_0.00</u>	
6.	Net income from rental and other real property Gross receipts (before all deductions) Ordinary and necessary operating expenses	\$ <u>0.00</u> - \$0.00			
7.	Net monthly income from rental or other real property Interest, dividends, and royalties	\$ 0.00 Copy here →	\$\frac{0.00}{0.00}	\$\frac{0.00}{0.00}	
		F 3882 THE BEST STATE OF THE ST		Lake Strong was proved the Strike Collection Control C	/104/01

Debtor 1	Sandra	Guadalupe	Serna		Case number (if known) 2	17-bk-10266	
	First Name	Middle Name	Last Name		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8 Ilnomr	oloyment cor	nnensation			_{\$} 0.00	\$0.00	
Do not	enter the am	ount if you conter	nd that the amount r	eceived was a benefit			
under t	the Social Se	curity Act. Instead	I, list it here:	V			
	-			\$			
	•			\$			
benefit	t under the So	ocial Security Act.		unt received that was a	\$ <u>0.00</u>	\$ 0.00	
Do not	tinclude any lictim of a war	benefits received crime, a crime ac	under the Social Se ainst humanity, or i	ify the source and amount. curity Act or payments rec international or domestic page and put the total on lin	eived ne 10c.		
10a					\$ <u>0.00</u>	\$ <u>0.00</u>	
_					\$ <u>0.00</u>	\$ <u>0.00</u>	
		s from separate pa			+\$ 0.00	+ \$0.00	
100.	Total amounts	s nom separate pe	agoo, ii arry.			Control or the Control of the Contro	
11. Calcu colum	l ate your tot n. Then add t	al current month he total for Colum	ly income. Add line on A to the total for 0	es 2 through 10 for each Column B.	\$1,087.00	\$ 2,600.00	Total current month
Part 2:	Determin	e Whether the	Means Test App	plies to You			
12 Calcu	late vour cur	rent monthly inc	ome for the year.	Follow these steps:			-
12a.	Copy your to	tal current monthl	y income from line	11	Сору	line 11 here→ 12a.	\$_3,687.00
			months in a year).				x 12
			ne for this part of th	e form.		12b.	\$ <u>44,244.00</u>
13. Calcu	ilate the med	lian family incom	ne that applies to y	ou. Follow these steps:			
Fill in	the state in w	hich you live.		CA			
		of people in your h		4			70 449 00
To fin	d a list of ann	dicable median in	come amounts, go o	of householdonline using the link specificat the bankruptcy clerk's o	ed in the separate	13.	\$ <u>79,418.00</u>
14. How	do the lines	compare?					
14a. 🕽	Go to Par	t 3		top of page 1, check box			A-2.
14b. k	Line 12b i Go to Par	is more than line 1 t 3 and fill out For	m 22A-2.	ge 1, check box 2, The pre	sumption of abuse to doc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Part 3:	Sign Be					<u> </u>	
min makeusokali M. (AP)PP (Mellik	By signing	here, I declare ur	nder penalty of perju	ry that the information on		attachments is true	and correct.
	x /	~~	<u> </u>	· · · · · · · · · · · · · · · · · · ·	×		
Con commence of the second	Signatu	re of Debtor 1	1		Signature of Debtor 2		
a management of the state of th	Date M	M/ DD YYYY	7		Date MM / DD / YYY	_	
One of the contract of the con	•		NOT fill out or file F				
Proceedibilities of Printing	If you che	cked line 14b, fill o	out Form 22A–2 and	file it with this form.	nd dispersional and the first section of the contract of the c		
£		CONTRACTOR OF THE PROPERTY OF	ACCOUNTS - ACCOMPANY COMMENT TO THE ACCOUNTS AND ACCOUNTS				

ll in this i	information to identify	y your case:			lines 40 or 42:	ate box as directed in
otor 1	SANDRA First Name	GNAOAU Middle Name	Last Name	^	According to the cal	culations required by
	es Bankruptcy Court for the	e: Central District of C	alifornia		2. There is a pre	esumption of abuse.
se numbe known)	our br.				Check if this is	s an amended filing
	Form 122A-		culation			4/16
пари	er / Weans	d rest dan	ony of Chanter 7 State	ement of Your Current I	Monthly Income (Officia	al Form 122A-1).
eeded, a jes, writ	attach a separate she e your name and case Determine Your Ad	et to this form. Inclu e number (if known).	de the line number to	together, both are equa which the additional in		
Сору уо	our total current month	hly income.		Copy line 11 from Offi	cial Form 122A-1 here 👈	s_2,53
/	fill out Column B in P		1?			
No. I	Fill in \$0 for the total or	n line 3.	1?			
No. I	Fill in \$0 for the total or . Is your spouse filing w	n line 3.	1?			
No. I	Fill in \$0 for the total or . Is your spouse filing w No. Go to line 3.	n line 3. vith you?	1?			
No. I	Fill in \$0 for the total or . Is your spouse filing w No. Go to line 3. Yes. Fill in \$0 for the to	n line 3. vith you? vital on line 3.		unaversia innorma not us	and to pay for the	
No. I	Fill in \$0 for the total or . Is your spouse filing w No. Go to line 3. Yes. Fill in \$0 for the to	n line 3. with you? wital on line 3. Income by subtracti	ing any part of your s	spouse's income not us	ed to pay for the	
No. I	Fill in \$0 for the total or . Is your spouse filing w No. Go to line 3. Yes. Fill in \$0 for the to your current monthly told expenses of your	n line 3. with you? otal on line 3. income by subtraction your dependents.	ing any part of your s Follow these steps: ount of the income you	spouse's income not us I reported for your spouse		
No. I Yes. Adjust househ On line regular!	Fill in \$0 for the total or . Is your spouse filing w No. Go to line 3. Yes. Fill in \$0 for the to your current monthly hold expenses of you 11, Column B of Form y used for the househo	n line 3. with you? ptal on line 3. income by subtraction your dependents. 122A-1, was any amold expenses of you or	ing any part of your s Follow these steps: ount of the income you			
No. I Yes. Adjust househ On line regular!	Fill in \$0 for the total or . Is your spouse filing w No. Go to line 3. Yes. Fill in \$0 for the to your current monthly hold expenses of you at 11, Column B of Form by used for the household.	n line 3. with you? ptal on line 3. income by subtraction your dependents. 122A-1, was any amold expenses of you or	ing any part of your s Follow these steps: ount of the income you			
Adjust; househ On line regular! No. 1 Yes. Adjust; househ On Service of the se	Fill in \$0 for the total or . Is your spouse filing w No. Go to line 3. Yes. Fill in \$0 for the to your current monthly hold expenses of you 11, Column B of Form y used for the househo	n line 3. vith you? vital on line 3. income by subtraction your dependents. 122A-1, was any amold expenses of you or line 3. below: vitich the income was used to pay your spouse.	ing any part of your s Follow these steps: ount of the income you your dependents?		e NOT	
Adjust; househ On line regular! No. 1 Yes. Adjust; househ On Service of the se	Fill in \$0 for the total or . Is your spouse filing w No. Go to line 3. Yes. Fill in \$0 for the to your current monthly told expenses of you 11, Column B of Form by used for the househo Fill in 0 for the total on 5. Fill in the information.	n line 3. vith you? vital on line 3. income by subtraction your dependents. 122A-1, was any amold expenses of you or line 3. below: vitich the income was used to pay your spouse.	ing any part of your s Follow these steps: ount of the income you your dependents?	reported for your spouse Fill in the amount you are subtracting from	e NOT	
No. I Yes. Adjust: househ On line regularl No. Yes	Fill in \$0 for the total or . Is your spouse filing w No. Go to line 3. Yes. Fill in \$0 for the to your current monthly told expenses of you 11, Column B of Form by used for the househo Fill in 0 for the total on 5. Fill in the information.	n line 3. vith you? vital on line 3. income by subtraction your dependents. 122A-1, was any amold expenses of you or line 3. below: vitich the income was used to pay your spouse.	ing any part of your s Follow these steps: ount of the income you your dependents?	Fill in the amount you are subtracting from your spouse's income	e NOT	
No. I Yes. Adjust: househ On line regularl No. Yes	Fill in \$0 for the total or . Is your spouse filing w No. Go to line 3. Yes. Fill in \$0 for the to your current monthly told expenses of you 11, Column B of Form by used for the househo Fill in 0 for the total on 5. Fill in the information.	n line 3. vith you? vital on line 3. income by subtraction your dependents. 122A-1, was any amold expenses of you or line 3. below: vitich the income was used to pay your spouse.	ing any part of your s Follow these steps: ount of the income you your dependents?	Fill in the amount you are subtracting from your spouse's income	e NOT	

Case 2:17-bk-10266-ER Doc 11 Filed 01/23/17 Entered 01/24/17 12:08:48 Desc

Page 58 of 67 Main Document

\square	btor	1

Last Name Middle Name

Case number (if k

Part 2:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.



National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person

7b. Number of people who are under 65

7c. Subtotal. Multiply line 7a by line 7b.

Copy here

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person

7e. Number of people who are 65 or older

Subtotal. Multiply line 7d by line 7e.

Copy here

7g. Total. Add lines 7c and 7f.....

Copy total here

Case number (if kno Debtor 1 Last Name First Name You must use the IRS Local Standards to answer the questions in lines 8-15. **Local Standards** Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities – Insurance and operating expenses ■ Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. 9. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly Name of the creditor payment Repeat this Сору amount on Total average monthly payment line 33a. 9c. Net mortgage or rent expense. Сору Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why: 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

		mana yaya a sana a mana a sana a			F1 * 1/And * * ********************************	and the second of the second o	eligia (m.), (mm-vic - coelio de cel Messoco coperer mue mende all'Oligino - central escuele	elita i seconomic e e e e e e e e e e e e e e e e e e e
for ea	ach vehi	ership or lease exper cle below. You may no ou may not claim the e	at claim the expense if	cal Standards, calculate you do not make any lo two vehicles.	e the net owners oan or lease pay	ship or lease expense yments on the vehicle	; ·	
Vehi	icle 1	Describe Vehicle 1:						
13a.	Owner	ship or leasing costs u	ising IRS Local Standa	ard		\$		
13b.		ge monthly payment fo t include costs for lease		Vehicle 1.				
	amour	culate the average mon ts that are contractual ou filed for bankruptcy	ly due to each secure	nd on line 13e, add all d creditor in the 60 mor	iths			
	Na	ame of each creditor for	Vehicle 1	Average monthly payment				
				\$				
				+ \$	_		Repeat this	
		Total averag	e monthly payment	\$	Copy here→	- \$	amount on line 33b.	
13c	Net Ve	ehicle 1 ownership or le	ease expense				Copy net Vehicle 1	
100.	Subtra	ct line 13b from line 13	Ra. If this amount is les	s than \$0 enter \$0		\$	expense	_
Veh				s than \$0, enter \$0	Ì		here →	\$
13d	. Owne	Describe Vehicle 2: ership or leasing costs age monthly payment for	using IRS Local Stanc	dard		\$	here	\$
13d	. Owner . Avera	Describe Vehicle 2: ership or leasing costs age monthly payment for or include costs for leas	using IRS Local Stand or all debts secured by sed vehicles.	dardy Vehicle 2.			here	\$
13d	. Owner . Avera	Describe Vehicle 2: ership or leasing costs age monthly payment for	using IRS Local Stand or all debts secured by sed vehicles.	dard			here	\$
13d	. Owner . Avera	Describe Vehicle 2: ership or leasing costs age monthly payment for or include costs for leas	using IRS Local Stand or all debts secured by sed vehicles.	dardy Vehicle 2.			here	\$
13d	. Owner . Avera	Describe Vehicle 2: ership or leasing costs age monthly payment for or include costs for leas	using IRS Local Stand or all debts secured by sed vehicles.	dard			here	\$
13d	. Owner . Avera	Describe Vehicle 2: ership or leasing costs age monthly payment for or include costs for leas	using IRS Local Stand or all debts secured by sed vehicles.	dardy Vehicle 2.			L	\$
13d.	. Owner . Avera	Describe Vehicle 2: ership or leasing costs age monthly payment for the include costs for leas	using IRS Local Stand or all debts secured by sed vehicles.	Average monthly payment \$			Repeat this amount on line 33c.	\$
13d.	. Owner Do no	Describe Vehicle 2: ership or leasing costs age monthly payment for include costs for leas lame of each creditor for Total avera	using IRS Local Stand or all debts secured by sed vehicles. r Vehicle 2 age monthly payment ease expense	Average monthly payment \$	Copy here →		Repeat this amount on	\$
13d. 13e	. Owner Do no N	Describe Vehicle 2: ership or leasing costs age monthly payment for include costs for leas lame of each creditor for Total avera ehicle 2 ownership or I act line 13e from 13d. I	using IRS Local Stand or all debts secured by sed vehicles. r Vehicle 2 age monthly payment ease expense If this amount is less the	Average monthly payment	Copy here	\$\$ s	Repeat this amount on line 33c. Copy net Vehicle 2 expense	\$\$ \$
13d. 13e 13f. 4. Pul	. Owner Do no N	Describe Vehicle 2: ership or leasing costs age monthly payment for include costs for lease lame of each creditor for Total avera ehicle 2 ownership or I act line 13e from 13d. I	using IRS Local Stand or all debts secured by sed vehicles. r Vehicle 2 age monthly payment ease expense If this amount is less the secured by the secured	Average monthly payment \$ + \$ \$ and \$0, enter \$0	Copy here	\$sadards, fill in the	Repeat this amount on line 33c. Copy net Vehicle 2 expense here	\$ \$

Debtor 1			Case number (if known)	
Jebioi i	First Name Middle Nam	ne Last Name		
Other N	Necessary Expenses	In addition to the expense deductions the following IRS categories.	s listed above, you are allowed your monthly expenses for	
emp pay subt	ployment taxes, Social S for these taxes. Howeve	mount that you will actually owe for fede becurity taxes, and Medicare taxes. You er, if you expect to receive a tax refund the total monthly amount that is withheld	eral, state and local taxes, such as income taxes, self- u may include the monthly amount withheld from your , you must divide the expected refund by 12 and d to pay for taxes.	\$
unio	on dues, and uniform co	sts.	t your job requires, such as retirement contributions, voluntary 401(k) contributions or payroll savings.	\$
n od	not include amounts tha	it are not required by your job, such as	Voluntary 40 F(K) Continuations of payron comings.	
4	- th in aluda naumanta	that you make for your shouse's Jermi I	own term life insurance. If two married people are filing life insurance. Do not include premiums for life ince, or for any form of life insurance other than term.	\$
19. Co u	urt-ordered payments:	The total monthly amount that you pay right child support payments.	as required by the order of a court or administrative	\$
Do	not include payments or	n past due obligations for spousal or ch	nild support. You will list these obligations in line 35.	Ψ
20. Ed u	ucation: The total month	hly amount that you pay for education t	that is either required:	
■ a	as a condition for your jo	b, or		\$
			public education is available for similar services.	V
21. Chi	ildcare: The total month	nly amount that you pay for childcare, s	uch as babysitting, daycare, nursery, and preschool.	s
Do	not include payments for	or any elementary or secondary school	education.	Ψ
is r	equired for the health at	penses, excluding insurance costs: nd welfare of you or your dependents a clude only the amount that is more thar ance or health savings accounts should	The monthly amount that you pay for health care that and that is not reimbursed by insurance or paid by a nation that entered in line 7. I be listed only in line 25.	\$
you ser is r	u and your dependents, rvice, to the extent nece not reimbursed by your e	such as pagers, call waiting, caller idel ssary for your health and welfare or tha employer.	y amount that you pay for telecommunication services for ntification, special long distance, or business cell phone at of your dependents or for the production of income, if it	+ \$
Do ext	not include payments to penses, such as those r	eported on line 5 of Official Form 122A	cell phone service. Do not include self-employment1, or any amount you previously deducted.	
	id all of the expenses and lines 6 through 23.	allowed under the IRS expense allow	vances.	\$
,				
Tryphocococococ to a coco				
The state of the s				
d) - managament				
1				

	These are additional deductions allow Note: Do not include any expense allo		
. Health insurance, disability insurance, disability insurance, and dependents.	urance, and health savings account of the dealth savings accounts that are reas	expenses. The monthly expenses for health conably necessary for yourself, your spouse, or your	
Health insurance	\$		
Disability insurance	\$		
Health savings account	+ \$		
Total	\$	Copy total here→	\$
Do you actually spend this total at	imount?		
☐ No. How much do you actually☐ Yes	y spend? \$		
continue to pay for the reasonable	le and necessary care and support of a	ers. The actual monthly expenses that you will nelderly, chronically ill, or disabled member of ly for such expenses. These expenses may S.C. § 529A(b).	\$
7. Protection against family violer of you and your family under the F	nce. The reasonably necessary monthly Family Violence Prevention and Service	expenses that you incur to maintain the safety es Act or other federal laws that apply.	\$
By law, the court must keep the n	nature of these expenses confidential.		
3. Additional home energy costs.	Your home energy costs are included i	n your insurance and operating expenses on line 8.	
If you believe that you have home	e energy costs that are more than the h	ome energy costs included in expenses on line	
8, then fill in the excess amount of You must give your case trustee of claimed is reasonable and necessity.	documentation of your actual expenses	, and you must show that the additional amount	\$
Claimed is reasonable and neces.	sary.		
 Education expenses for dependence per child) that you pay for your deelementary or secondary school. 	ependent children who are younger thai	18. The monthly expenses (not more than \$160.42* in 18 years old to attend a private or public	\$
You must give your case trustee	documentation of your actual expenses of already accounted for in lines 6-23.	s, and you must explain why the amount claimed is	
		es begun on or after the date of adjustment.	
higher than the combined food ar 5% of the food and clothing allow	nd clothing allowances in the IRS Natio vances in the IRS National Standards.	your actual food and clothing expenses are nal Standards. That amount cannot be more than	\$
To find a chart showing the maxir this form. This chart may also be	mum additional allowance, go online us available at the bankruptcy clerk's offic	ing the link specified in the separate instructions for e.e.	
You must show that the additional	al amount claimed is reasonable and ne	ecessary.	
Continuing charitable contribut instruments to a religious or char	tions. The amount that you will continuritable organization. 26 U.S.C. § 170(c)(e to contribute in the form of cash or financial 1)-(2).	+ \$

Case 2:17-bk-10266-ER Doc 11 Filed 01/23/17 Entered 01/24/17 12:08:48 De: Main Document Page 63 of 67

Case number (if known) Debtor 1 Last Name Middle Name **Deductions for Debt Payment** 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly payment Mortgages on your home: 33a. Copy line 9b here Loans on your first two vehicles: 33b. Copy line 13b here. 33c. Copy line 13e here. 33d. List other secured debts: Does payment Name of each creditor for other Identify property that include taxes secures the debt secured debt or insurance? __ No Yes No Nο Yes Copy total 33e. Total average monthly payment. Add lines 33a through 33d. here 🗲 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Monthly cure Total cure Name of the creditor Identify property that amount amount secures the debt ÷ 60 = $\div 60 =$ + 60 = Copy total Total here -35. Do you owe any priority claims such as a priority tax, child support, or alimony that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19 Total amount of all past-due priority claims

name and the second	First Name	Middle Name	Last Name					
For i	more informat	tion, go online usi is form. <i>Bankrupt</i> o	der Chapter 13? 11 U.S ng the link for <i>Bankrupt</i> by <i>Basics</i> may also be a	S.C. § 109(e). cy Basics specified in the se vailable at the bankruptcy c	parate erk's office.	HEED AND PROPERTY OF THE PROPE	ugar yan kining kinajin nasu usahan ndi 18 Mililian dalah melalah sebuah s	
		37. following informati	on					
L 10				under Chanter 13	\$			
	•		ment if you were filing under the light on the light and the light on the light of the light on the light of light on the light of light on the light of light on the ligh		Ψ			
	Administr North Ca other dist	rative Office of the rolina) or by the Ericts).	United States Courts (f executive Office for Unite	for districts in Alabama and ed States Trustees (for all	x	. <u></u>		
	link speci	list of district multified in the separa at the bankruptcy	te instructions for this for	ir district, go online using the orm. This list may also be	; ;- ····· ···	P. L	Camu total	
	Average	monthly administ	ative expense if you we	ere filing under Chapter 13	\$		Copy total here →	\$
37. Add a Add li	all of the ded ines 33e throu	luctions for debt	payment.					\$
Total De	ductions fro	m Income						
38. Add 	all of the allo	wed deductions.						
Copy l	line 24, All of ase allowance	the expenses allo	wed under IRS	\$				
Сору	line 32, All of	the additional exp	ense deductions	\$				
Copy	line 37. All of	the deductions fo	r debt payment	+\$				
17	,		1					
			Total deductions	¢	Copy total h	ere	→	\$
	_		Total deductions	\$	Copy total h	ere	→	\$
Part 3:	Determi	ne Whether Th	Total deductions	\$on of Ahuse	Copy total h	ere	······································	\$
				on of Ahuse	Copy total h	ere	······································	\$
39. Calc	ulate monthl	y disposable inc	nere Is a Presumption	\$on of Abuse	Copy total h	ere	··············	\$
39. Calc 39a.	ulate monthl Copy line 4,	y disposable inc	ome for 60 months		Copy total h	ere	······································	\$
39. Calc 39a. 39b.	ulate monthl Copy line 4, Copy line 38	y disposable inc adjusted current 3, Total deduction	ome for 60 months monthly income s			ere	······································	\$
39. Calc 39a.	ulate monthl Copy line 4, Copy line 38 Monthly disp	y disposable inc adjusted current 3, Total deduction	ome for 60 months monthly income 1 U.S.C. § 707(b)(2).		Copy total h	\$	············	\$
39. Calc 39a. 39b.	ulate monthl Copy line 4, Copy line 38 Monthly disp	y disposable inc adjusted current 3, Total deduction posable income.	ome for 60 months monthly income s	\$ - \$ \$	Copy here→		······································	\$
39. Calc 39a. 39b.	ulate monthl Copy line 4, Copy line 38 Monthly disp	y disposable inc adjusted current 3, Total deduction posable income.	ome for 60 months monthly income s		Copy here→	\$		\$
39. Calc 39a. 39b. 39c.	ulate monthl Copy line 4, Copy line 38 Monthly disp Subtract line For the nex	y disposable inc adjusted current 3, Total deduction posable income. 1 e 39b from line 39 kt 60 months (5 ye	ome for 60 months monthly income 1 U.S.C. § 707(b)(2). a. ears)	\$ - \$ \$	Copy here→	\$	Copy here →	\$
39. Calc 39a. 39b. 39c.	ulate monthl Copy line 4, Copy line 38 Monthly disp Subtract line For the nex	y disposable inc adjusted current 3, Total deduction posable income. 1 e 39b from line 39 kt 60 months (5 ye	ome for 60 months monthly income 1 U.S.C. § 707(b)(2). a. ears)	\$ - \$ \$	Copy here→	\$x 60	Сору	\$
39. Calc 39a. 39b. 39c.	ulate monthl Copy line 4, Copy line 38 Monthly disp Subtract line For the nex	y disposable inc adjusted current 3, Total deduction posable income. 2 39b from line 39 kt 60 months (5 year)	ome for 60 months monthly income 1 U.S.C. § 707(b)(2). a. ears)	\$ - \$ \$	Copy here→	\$x 60	Сору	\$
39. Calc 39a. 39b. 39c. 39d.	ulate monthl Copy line 4, Copy line 38 Monthly disp Subtract line For the nex	y disposable income. 3, Total deduction posable income. 2 39b from line 39 24 60 months (5 ye ply line 39c by 60 There is a presu	nere Is a Presumption ome for 60 months monthly income 11 U.S.C. § 707(b)(2). a. ears)	\$ - \$ \$	Copy here→	\$ × 60 \$	Copy here →	\$
39. Calc 39a. 39b. 39c. 40. Find	ulate monthl Copy line 4, Copy line 38 Monthly disp Subtract line For the nex Total, Multip I out whether The line 39d is part 5. The line 39d is	y disposable incomental adjusted current and adjust	mere Is a Presumption ome for 60 months monthly income 11 U.S.C. § 707(b)(2). a. ears) mption of abuse. Check 00*. On the top of page	\$sck the box that applies: 1 of this form, check box 1, ge 1 of this form, check box	Copy here→	\$ × 60 \$ esumption of	Copy here →	\$
39. Calc 39a. 39b. 39c. 40. Find	ulate monthl Copy line 4, Copy line 38 Monthly dist Subtract line For the nex Total, Multip I out whether The line 39d if to Part 5. The line 39d if may fill out Part	y disposable incomental adjusted current and adjusted and adjusted current and adjusted	nere Is a Presumption ome for 60 months monthly income 11 U.S.C. § 707(b)(2). a. ears) mption of abuse. Check 00*. On the top of page	\$ck the box that applies: 1 of this form, check box 1, ge 1 of this form, check box hen go to Part 5.	Copy here→	\$ × 60 \$ esumption of	Copy here →	\$

Dahlas		Case number (if known)
Debtor 1	First Name Middle Name Last Name	
	management of the second of	
	militia di anno materiali di anno minerita un populari della della filipia di	ut A
41. 41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled o Summary of Your Assets and Liabilities and Certain Statistical Information St	chedules
	(Official Form 106Sum), you may refer to line 3b on that form	onodures .
	(Official Form 1000 dill), you may refer to line ob on that remains	\$
		x .25
		y recommendate a size of the desire of the d
	0.00/ - 5	(I).
41b	. 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)	
	Multiply line 41a by 0.25.	liele 7
		ay anning array yang at top of from Making tearmers recover with NW (M)
42 Doto	rmine whether the income you have left over after subtracting all allowe	d deductions
42. Dele	nough to pay 25% of your unsecured, nonpriority debt.	* ************************************
	ck the box that applies:	
Cried	ck the box that applies.	
	ine 39d is less than line 41b. On the top of page 1 of this form, check box 1	. There is no presumption of abuse.
	Go to Part 5.	, ,
`	50 to 1 art 5.	
П.	and the state of t	sheet how? There is a programation
	ine 39d is equal to or more than line 41b. On the top of page 1 of this form	n, cneck box 2, There is a presumption
C	of abuse. You may fill out Part 4 if you claim special circumstances. Then go to	Dealt 5.
Part 4:	Give Details About Special Circumstances	
rare 4.		
40 Da	have any special circumstances that justify additional expenses or adju-	stments of current monthly income for which there is no
43. Do you	able alternative? 11 U.S.C. § 707(b)(2)(B).	summing of our folia monthly moonie for which where to the
Teasoni	able alternative: 11 0.0.0. § 101(b)(E)(D).	
	On to Book C	
	Go to Part 5.	
Yes	. Fill in the following information. All figures should reflect your average month	ly expense or income adjustment
	for each item. You may include expenses you listed in line 25.	
		Harris and the same
	You must give a detailed explanation of the special circumstances that make adjustments necessary and reasonable. You must also give your case truste	the expenses of income
		e documentation of your detact
	expenses or income adjustments.	
		Average monthly expanse
	Give a detailed explanation of the special circumstances	Average monthly expense or income adjustment
	,	or moonie aujustinom
		•
		<u> </u>
		
		e
		<u> </u>
		\$
Part 5:	Sign Below	
		to the course of the course of the course of the course of
	By signing here, I declare under penalty of perjury that the information on this	s statement and in any attachments is true and correct.
	×	
	Signature of Debtor 1 Sig	nature of Debtor 2
	Signature of Deptor 1	
	61 1 a 21 a	
	01127380CL	
	Date 011223017	te
A popular in the property of t	Date $\frac{0(3)30}{MM/DD}$ $\frac{30}{1}$	te MM / DD / YYYY

Main Document Page 66 of 67

Fill in this	Fill in this information to identify your case:					
Debtor 1	Sandra First Name	Guadalupe Middle Name	Serna Last Name			
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Last Name			
United States	Bankruptcy Cour	t for the: Central District of Cali	ifornia			
Case number	2:17-bk-10	0266				
(if known)						

Official Form 122A-1Supp

Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15 File this supplement together with Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).				
Part 1: Identify the Kind of Debts You Have				
 Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S. personal, family, or household purpose." Make sure that your answer is consistent wi Individuals Filing for Bankruptcy (Official Form 101). 	C. § 101(8) as "incurred by an individual primarily for a the answer you gave at line 16 of the Voluntary Petition for			
□ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, There is submit this supplement with the signed Form 122A-1.	no presumption of abuse, and sign Part 3. Then			
☑ Yes. Go to Part 2.				
Part 2: Determine Whether Military Service Provisions Apply to You				
Part 2: Determine Whether Military Service Provisions Apply to You				
2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?				
✓ No. Go to line 3.				
☐ Yes. Did you incur debts mostly while you were on active duty or while you were	performing a homeland defense activity?			
10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).	•			
☐ No. Go to line 3.				
☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, Then submit this supplement with the signed Form 122A-1.	There is no presumption of abuse, and sign Part 3.			
3. Are you or have you been a Reservist or member of the National Guard?				
☑ No. Complete Form 122A-1. Do not submit this supplement.				
☐ Yes. Were you called to active duty or did you perform a homeland defense activ	ity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).			
☐ No. Complete Form 122A-1. Do not submit this supplement.				
Yes. Check any one of the following categories that applies:				
☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.	If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, <i>The Means Test does not apply now</i> , and			
☐ I was called to active duty after September 11, 2001, for at least	sign Part 3. Then submit this supplement with the signed			
90 days and was released from active duty on,	Form 122A-1. You are not required to fill out the rest of			
which is fewer than 540 days before I file this bankruptcy case.	Official Form 122A-1 during the exclusion period. The			
☐ I am performing a homeland defense activity for at least 90 days.	exclusion period means the time you are on active duty or are performing a homeland defense activity, and for			
I performed a homeland defense activity for at least 90 days,	540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).			
ending on, which is fewer than 540 days	If your exclusion period ends before your case is closed,			
before I file this bankruptcy case.	you may have to file an amended form later.			

Case 2:17-bk-10266-ER Doc 11 Filed 01/23/17 Entered 01/24/17 12:08:48 Desc Main Document Page 67 of 67 Attorney or Party Name, Address, Telephone & FAX Numbers, and California State Bar Number FOR COURT USE ONL Sandra Guadalupe Serna 9637 Park Street Bellflower, CA 90706 Attorney for: Debtor, In Proper **UNITED STATES BANKRUPTCY COURT** CENTRAL DISTRICT OF CALIFORNIA In re: SANDRA GUADALUPE SERNA CASE NO.: 2:17-bk-10266 CHAPTER: 7 ADV. NO .: Debtor(s). **ELECTRONIC FILING DECLARATION** (INDIVIDUAL) Date Filed: 1/23/2017 Petition, statement of affairs, schedules or lists Amendments to the petition, statement of affairs, schedules or lists Date Filed: Date Filed: Other: PART I - DECLARATION OF DEBTOR(S) OR OTHER PARTY I (We), the undersigned Debtor(s) or other party on whose behalf the above-referenced document is being filed (Signing Party), hereby declare under penalty of perjury that: (1) I have read and understand the above-referenced document being filed electronically (Filed Document); (2) the information provided in the Filed Document is true, correct and complete; (3) the "/s/," followed by my name, on the signature line(s) for the Signing Party in the Filed Document serves as my signature and denotes the making of such declarations, requests, statements, verifications and certifications to the same extent and effect as my actual signature on such signature line(s); (4) I have actually signed a true and correct hard copy of the Filed Document in such places and provided the executed hard copy of the Filed Document to my attorney; and (5) I have authorized my attorney to file the electronic version of the Filed Document and this *Declaration* with the United States Bankruptcy Court for the Central District of California. If the Filed Document is a petition, I further declare under penalty of perjury that I have completed and signed a Statement of Social Security Number(s) (Form B21) and provided the executed original to my attorney. 1/23/2017 Signature of Signing Party Date SANDRA GUADALUPE SERNA Printed Name of Signing Party Signature of Joint Debtor (if applicable) Date Printed Name of Joint Debtor (if applicable) PART II - DECLARATION OF ATTORNEY FOR SIGNING PARTY I, the undersigned Attorney for the Signing Party, hereby declare under penalty of perjury that: (1) the "/s/," followed by my name, on the signature lines for the Attorney for the Signing Party in the Filed Document serves as my signature and denotes the making of such declarations, requests, statements, verifications and certifications to the same extent and effect as my actual signature on such signature lines; (2) the Signing Party signed the Declaration of Debtor(s) or Other Party before I electronically submitted the Filed Document for filing with the United States Bankruptcy Court for the Central District of California; (3) I have actually signed a true and correct hard copy of the Filed Document in the locations that are indicated by "/s/," followed by my name, and have obtained the signature(s) of the Signing Party in the locations that are indicated by "/s/," followed by the Signing Party's name, on the true and correct hard copy of the Filed Document; (4) I shall maintain the executed originals of this *Declaration*, the *Declaration of Debtor(s)* or *Other Party*, and the Filed Document for a period of five years after the closing of the case in which they are filed; and (5) I shall make the executed originals of this *Declaration*, the *Declaration* th of Debtor(s) or Other Party, and the Filed Document available for review upon request of the Court or other parties. If the Filed Document is a petition, I further declare under penalty of perjury that: (1) the Signing Party completed and signed the Statement of Social Security Number(s) (Form B21) before I electronically submitted the Filed Document for filing with the United States Bankruptcy Court for the Central District of California; (2) I shall maintain the executed original of the Statement of Social Security Number(s) (Form B21) for a period of five years after the closing of the case in which they are filed; and (3) I shall make the executed original of the Statement of Social Security Number(s) (Form B21) available for review upon request of the Court. Signature of Attorney for Signing Party Date Printed Name of Attorney for Signing Party